

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05063

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** CYPRESS MEADOWS COMMUNITY CHURCH OF THE CHRISTIAN & MISSIONARY ALLIANCE, INC.

**Current Principal Place of Business:**

2180 MCMULLEN-BOOTH RD  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

2180 MCMULLEN-BOOTH RD  
CLEARWATER, FL 33759

**New Mailing Address:**

**FEI Number:** 59-2624337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POOLE, DOUGLAS D  
1117 ARCHERS BEND  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SP ( ) Delete  
Name: POOLE, DOUGLAS D.,  
Address: 1117 ARCHERS BEND  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: BMD ( ) Delete  
Name: STEINBRUECK, PAUL  
Address: 3129 SWAN LN  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: BMD ( ) Delete  
Name: GREGORICH, JAMES  
Address: 215 LOTUS DR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: BMD ( ) Delete  
Name: ANDREWS, STEPHANIE  
Address: 746 NORTH LAKE BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: BMD ( ) Delete  
Name: GREENHALGH, SHARON  
Address: 3201 SANDY RIDGE DR  
City-St-Zip: CLEARWATER, FL 33761

Title: BMD ( ) Delete  
Name: KHAN, CHERYL  
Address: 4320 TREMBLAY WAY  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BMD (X) Change ( ) Addition  
Name: CUSIMANO, ROGER  
Address: 3964 BELMOOR DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON GREENHALGH

TRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date