2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N05063

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:	LOGAN, CHRIS	
Address:	2 HARBOR COVE ST	
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	(X) 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:	( ) 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:	
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 KLINE TRES 02/06/2009

Electronic Signature of Signing Officer or Director — Date