

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05063

**FILED**  
**Feb 25, 2010**  
**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  
Name: POOLE, DOUGLAS D.  
Address: 1117 ARCHERS BEND  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: BMD  
Name: LOGAN, CHRIS  
Address: 2 HARBOR COVE ST  
City-St-Zip: SAFETY HARBOR, FL 34695

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

Title: BMD  
Name: MEIER, ANDREW  
Address: 109 S. MELVILLE AVE UNIT 2  
City-St-Zip: TAMPA, FL 33606

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON KLINE

BMD

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date