## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009103

Entity Name: THE CYPRESS INITIATIVE, INC.

FILED Apr 30, 2007 Secretary of State

1118 TUXFORD DRIVE 1226 E. MOHAWK AVE. BRANDON, FL 33511 TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

 1118 TUXFORD DRIVE
 1226 E. MOHAWK AVE.

 BRANDON, FL 33511
 TAMPA, FL 33604

FEI Number: 20-8378337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SIMMONS, CANDY
1118 TUXFORD DRIVE
1226 E. MOHAWK AVE.
BRANDON, FL 33511 US
1AMPA, FL 33604 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: ODOM, BEN Name: ODOM, BEN

Address: 1226 E. MOHAWK AVE. Address: 1801 W. INTERNATIONAL SPEEDWAY BLVD.

City-St-Zip: TAMPA, FL 33604 City-St-Zip: DAYTONA BEACH, FL 32114 21

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: WHIDDEN, CHRISTINA Name: WHIDDEN, CHRISTINA

 Address:
 1226 E. MOHAWK AVE.
 Address:
 1200 E. IDLEWILD AVE.

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33604

Title: D () Delete Title: D (X) Change () Addition

Name:MCGEE, KATHYName:MCGEE, KATHYAddress:1226 E. MOHAWK AVE.Address:17854 LEE AVENUE, UNIT 202

Address: 1226 E. MOHAVVK AVE. Address: 17854 LEE AVENUE, UNIT 202

City-St-Zip: TAMPA, FL 33604 City-St-Zip: REDINGTON SHORES, FL 33708-116

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SEMEYN, LISA
 Name:
 SEMEYN, LISA

 Address:
 1226 E. MOHAWK AVE.
 Address:
 4932 MELROSE AVE

 City-St-Zip:
 TAMPA, FL 33604
 City-St-Zip:
 TAMPA, FL 33629

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: CANDY SIMMONS RA 04/30/2007