## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009103

Entity Name: THE CYPRESS INITIATIVE, INC.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5509 W GRAY ST STE 100 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 5509 W GRAY ST STE 100 TAMPA, FL 33609 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 1226 E. MOHAWK AVE TAMPA, FL 33604 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition ODOM, BEN Name: Name: 1801 W. INTERNATIONAL SPEEDWAY BLVD. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 21 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete WHIDDEN, CHRISTINA Name: REBHOLZ, SCOTT J RKT Name: Address: 1200 E. IDLEWILD AVE. Address: 6120 TWIN LAKE DRIVE City-St-Zip: TAMPA, FL 33604 City-St-Zip: SOUTH MIAMI, FL 33143 Title: () Delete Title: (X) Change ( ) Addition BEKHOR, CALLY ESQ MCGEE, KATHY Name: Name: 17854 LEE AVENUE, UNIT 202 Address: Address: 13336 N CENTRAL AVE City-St-Zip: REDINGTON SHORES, FL 33708 City-St-Zip: TAMPA, FL 33612 Title: ( ) Delete Title: (X) Change ( ) Addition Name: VANATER, GALE Name: VANATER, GALE Address: 13821 GOOD LIFE RD Address: 13821 GOOD LIFE RD City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: ( ) Change (X) Addition PETTIT, WILLIAM F MD Name: Name: P.O. BOX 9147 Address: Address: City-St-Zip: City-St-Zip: MORGANTOWN, WV 26506 Title: () Delete Title: ( ) Change (X) Addition BRAD, MARA Name: Name: Address: Address: 4211 W. WATROUS AVE TAMPA, FL 33629 City-St-Zip: 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: SCOTT J. REBHOLZ, RKT P 04/27/2009