

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010308

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** CYPRESS TREE ZEN GROUP, INC.

**Current Principal Place of Business:**

647 MCDONNELL DRIVE  
TALLAHASSEE, FL 32310 US

**New Principal Place of Business:**

**Current Mailing Address:**

647 MCDONNELL DRIVE  
TALLAHASSEE, FL 32310 US

**New Mailing Address:**

**FEI Number:** 27-4033358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARR, KATHLEEN E  
1819 DORIC DR  
TALLAHASSEE, FL 32303 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:** P  
**Name:** RUDLOE, ANNE  
**Address:** PO BOX 426  
**City-St-Zip:** PANACEA, FL 32346 US

**Title:** VP  
**Name:** BODIFORD, WILLIAM  
**Address:** 1818 ATAPHA NENE  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

**Title:** D  
**Name:** PEKINS, JOHN  
**Address:** 2026 W. INDIANHEAD DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

**Title:** D  
**Name:** CARR, KATHLEEN E  
**Address:** 1819 DORIC DR  
**City-St-Zip:** TALLAHASSEE, FL 32303 US

**Title:** D  
**Name:** SANDSTRUM, JOHN  
**Address:** 3129 SHAMROCK EAST  
**City-St-Zip:** TALLAHASSEE, FL 32309 US

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:** ANNE RUDLOE

P

02/14/2011

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

\_\_\_\_\_  
Date