2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45988

FILED Jan 09, 2006 Secretary of State

Entity Name: CYPRESS RIDGE PRESBYTERIAN CHURCH, INC.

	illicipai r iac	e of Business:	New Principal Place	New Principal Place of Business:	
	RESS GARDE HAVEN, FL 3	ENS BLVD 38843177 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	RESS GARDI HAVEN, FL 3				
FEI Number:	: 59-3100412	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
7129 CRY: WINTER H	ON, STEVE STAL BEACH HAVEN, FL 3	3880 US			
	named entity e of Florida.	submits this statement for th	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	THORNTON, S) Delete STEVE	Title: Name:	() Change () Addition	
		AL BEACH RD EN, FL 33880 US	Address: City-St-Zip:		
Address. City-St-Zip: Title: Name: Address: City-St-Zip:	WINTER HAVI E (WALKER, JOI 250 LAKE LIN	EN, FL 33880 US) Delete HNNY		() Change () Addition	
City-St-Zip: Title: Name: Address:	WINTER HAVI E (WALKER, JOH 250 LAKE LIN WINTER HAVI E (ANDERSEN, 2 805 W CRYST	EN, FL 33880 US) Delete HNNY K DR. SE EN, FL 33884 US) Delete	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	E (WALKER, JOI 250 LAKE LIN WINTER HAVI E (ANDERSEN, C 805 W CRYST EAGLE LAKE, E (DAVID, REYE PO BOX 162	EN, FL 33880 US) Delete HNNY K DR. SE EN, FL 33884 US) Delete HM FAL BEACH RD. FL 33839 US) Delete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTHANN MOYER ADMN 01/09/2006