

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45988

FILED
Mar 12, 2009
Secretary of State

Entity Name: CYPRESS RIDGE PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

6230 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 338843177 US

New Principal Place of Business:

Current Mailing Address:

6230 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 338843177 US

New Mailing Address:

FEI Number: 59-3100412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNTON, STEVE
7129 CRYSTAL BEACH RD
WINTER HAVEN, FL 33880 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: D () Delete
Name: THORNTON, STEVE
Address: 7129 CRYSTAL BEACH RD
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: E () Delete
Name: WALKER, JOHNNY
Address: 250 LAKE LINK DR. SE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: E () Delete
Name: ANDERSEN, JIM
Address: 805 W CRYSTAL BEACH RD.
City-St-Zip: EAGLE LAKE, FL 33839 US

Title: E () Delete
Name: DAVID, REYES
Address: PO BOX 162
City-St-Zip: LAKE HAMILTON, FL 33851 US

Title: T () Delete
Name: THORNTON, ELLEN
Address: 7129 CRYSTAL BEACH RD
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OA () Change (X) Addition
Name: SAKKO, SHERYL OA
Address: 6230 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33884 US

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: SHERYL SAKKO

OA

03/12/2009

Electronic Signature of Signing Officer or Director

Date