FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001426 (6)**

1. Corporation Name

CYPRESS CREEK CHURCH INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
221 HARTWIG CT ORLANDO FL 32824 US	12319 S ORANGE BLOSSOM TR STE 220 ORLANDO FL 32837 US

3. Date Incorporated or Qualified: **03/25/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3143319** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BLOM, GALEN E
221 HARTWIG CT
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	BLOM, TAMMIE	12 NAME	
STREET ADDRESS	221 HARTWIG CT	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
TITLE	T	21 TITLE D	☑ Change ☐ Addition
NAME	TYRIVER, DREW	22 NAME	Dave Powers
STREET ADDRESS	1509 ABBEYTON DR	23 STREET ADDRESS	3350 MissionBay BWd. #152
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Orlando FL 32817
TITLE	T	31 TITLE D	☑ Change ☐ Addition
NAME	BUCKLES, REGINALD K	32 NAME	James Powers
STREET ADDRESS	492 BOHANNON BLVD	33 STREET ADDRESS	4805 Landover Circle
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	Orlando FL 32821
TITLE		41 TITLE D	☐ Change ☑ Addition
NAME		42 NAME	William Tanner
STREET ADDRESS		43 STREET ADDRESS	9430 Allestrasse Ln
CITY ST ZIP		44 CITY ST ZIP	Orlando FL 32824
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/27/95 407-248-9196
(BUSINESS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
James J Powers

0034689