2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000006178

1. Entity Name
CYPRESS WOOD PRESBYTERIAN CHURCH, INC.

Principal Place of Business
3380 GOLDEN GATE BLVD. WEST
NAPLES, FL 34120 US

Mailing Address
3380 GOLDEN GATE BLVD. WEST
NAPLES, FL 34120 US

04062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0555653 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOAN PETTIJOHN
1160 JARDEN DR
NAPLES, FL 34104

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALTERS, DALE
STREET ADDRESS	6010 COPPER LEAF LANE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	VP
NAME	MCKEEN, BOB
STREET ADDRESS	6863 SATINLEAF RD. #202
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	KENDRICK, MIKE
STREET ADDRESS	4521 7TH AVE. SW
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	T
NAME	JOAN PETTIJOHN
STREET ADDRESS	1160 JARDEN DR
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/05-80007-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Kendrick — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
April 6, 2005 — Date
239 353-8444 — Daytime Phone #