2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006178

FILED Feb 27, 2009 Secretary of State

Entity Name: CYPRESS WOOD PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

3380 GOLDEN GATE BLVD. WEST NAPLES, FL 34120 US

Current Mailing Address: New Mailing Address:

3380 GOLDEN GATE BLVD. WEST NAPLES, FL 34120 US

FEI Number: 65-0555653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

 KENDRICK, MIKE
 NANTZ, MEL

 4521 7TH AVE. SW
 3290 19TH AVE. SW

 NAPLES, FL 34119
 US

 NAPLES, FL 34117
 US

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: MEL NANTZ 02/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 MCKEEN, BOB
 Name:
 NANTZ, MEL

 Address:
 6863 SATINLEAF RD. # 202
 Address:
 3290 19TH AVE. SW

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:
 NAPLES, FL 34117

Title: VP () Delete Title: S (X) Change () Addition

Name: BARINEAU, MARK Name: DURAND, STEVE
Address: 3291 1ST AVE NW Address: 8285 KEY ROYAL CIRCLE #1213

 Address:
 3291 1ST AVE. NW
 Address:
 8285 KEY ROYAL CIRCLE #1213

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34119

Title: D () Delete Title: T (X) Change () Addition
Name: KENDRICK, MIKE Name: WOODLAND, BRUCE

 Address:
 4521 7TH AVE. SW
 Address:
 5620 GREENWOOD CIRCLE

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34112

ity-31-21p. NAPLES, FL 34119 City-31-21p. NAPLES, FL 34112

 Name:
 HASKINS, THOMAS
 Name:

 Address:
 680 14TH ST. SE
 Address:

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:

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: MEL NANTZ P 02/27/2009