

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90050 030 ****61.25

DOCUMENT # N96000001210

1. Entity Name

CYPRESS POINTE CHURCH, INC.

Principal Place of Business

2440 W SR 426
 OVIEDO FL 32765
 US

Mailing Address

2440 W SR 426
 OVIEDO FL 32765
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3383490

Applied For

Not Applicable

5. Certificate of Status Desired--

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACICH, DANIEL M
1010 MAGEE CREEK CT NORTH
OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **MARION, SCOTT**
 STREET ADDRESS: **854 PALMETTO TERR**
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: **D** Change Addition
 NAME: **Kinney, Clark**
 STREET ADDRESS: **171 Forest Trail**
 CITY-ST-ZIP: **Oviedo, FL 32765**

TITLE: **D** Delete
 NAME: **TAN, VIC**
 STREET ADDRESS: **1077 KELLY CREEK CIR**
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: **D** Change Addition
 NAME: **Tan, Vic**
 STREET ADDRESS: **954 Moonlit Lane**
 CITY-ST-ZIP: **Casselberry, FL 32765**

TITLE: **D** Delete
 NAME: **LAKENS, WAYNE**
 STREET ADDRESS: **679 BANITAWOODS CT**
 CITY-ST-ZIP: **WINTER SPRINGS FL 32768**

TITLE: **D** Change Addition
 NAME: **Lukens, Wayne**
 STREET ADDRESS: **1679 Benitawood Ct**
 CITY-ST-ZIP: **Winter Springs, FL 32708**

TITLE: **D** Delete
 NAME: **KESNAUGH, CHRIS**
 STREET ADDRESS: **720 BENTLEY ST**
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: **D** Change Addition
 NAME: **Kavenagh, Bruce**
 STREET ADDRESS: **720 Bentley St**
 CITY-ST-ZIP: **Oviedo, FL 32765**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Change Addition
 NAME: **Williford, V. Eugene**
 STREET ADDRESS: **1005 E. Riviera Blvd.**
 CITY-ST-ZIP: **Oviedo, FL 32765**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: *Daniel M. Lacich* **REQUIRES Daniel M. Lacich**

Date: **1/22/01**

Daytime Phone #: **407-977-7370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)