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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003006

1. Corporation Name

CYPRESS CREEK MINISTRIES, INC.

Principal Place of Business

1776 MACEDONIA ROAD
P.O. BOX 496
ALFORD FL 32420

Mailing Address

1776 MACEDONIA ROAD
P.O. BOX 496
ALFORD FL 32420



2. Principal Place of Business

21 1772 Macedonia Road

Suite, Apt. #, etc.

22 P.O. Box 496

City & State

23 Alford, FL

Zip

24 32420

Country

25 USA

2a. Mailing Address

26 1772 Macedonia Road

Suite, Apt. #, etc.

27 P.O. Box 496

City & State

28 Alford, FL

Zip

29 32420

Country

30 USA

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

59-3042600

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

9. Name and Address of Current Registered Agent

VICKERY, JAMES
1796 ORANGE HILL ROAD
CHIPLEY FL 32428

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
DILMORE, J W
STREET ADDRESS 788 MILL ROAD
CITY-ST-ZIP ALFORD FL 32420

TITLE ☐ DELETE

NAME D
VICKERY, WILLIAM L
STREET ADDRESS P. O. BOX 44 N/A
CITY-ST-ZIP ALFORD FL 32420

TITLE ☐ DELETE

NAME D
WARREN, JIM
STREET ADDRESS 739 MILL ROAD
CITY-ST-ZIP ALFORD FL 32420

TITLE ☐ DELETE

NAME D
CARTER, RAY
STREET ADDRESS 2018 BROCK RD
CITY-ST-ZIP COTTONDALE FL 32431

TITLE ☐ DELETE

NAME D
WATSON, RUSSELL
STREET ADDRESS P. O. BOX 564 N/A
CITY-ST-ZIP ALFORD FL 32420

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Director
Tom Garten

2.3 STREET ADDRESS P.O. Box 104

2.4 CITY-ST-ZIP Alford, FL 32420

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Director
Gary Wheeler

5.3 STREET ADDRESS P.O. Box 65

5.4 CITY-ST-ZIP Alford, FL 32420

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President
James Vickery
1796 Orange Hill Road
Chipley, FL 32428

14. 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 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, with all other like empowered.

SIGNATURE:

James Vickery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P

02/03/99

850-638-7855

Date Daytime Phone #

CR2E037 (11/98)