


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005606		
1. Entity Name CYPRESS PRESBYTERIAN PRE-SCHOOL, INC.		
Principal Place of Business 950 S CYPRESS ROAD POMPANO BEACH, FL 33060	Mailing Address 950 S CYPRESS ROAD POMPANO BEACH, FL 33060	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FITZSIMMONS, BARBARA J 51 SE 11TH STREET POMPANO BEACH, FL 33060		
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRIEDEMAN, JANICE 237 SW 11TH CT POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INNES, BARBARA 2161 NE 63RD ST. FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT FITZSIMMONS, BARBARA 51 SE 11 ST. POMPANO BEACH, FL 330608831	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barbara FitzSimmons</u> BARBARA FITZSIMMONS 4/17/06 954-415-3113 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0795293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**