

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05063

Entity Name: CYPRESS MEADOWS COMMUNITY CHURCH, INC.**Current Principal Place of Business:**2180 MCMULLEN-BOOTH RD
CLEARWATER, FL 33759**Current Mailing Address:**2180 MCMULLEN-BOOTH RD
CLEARWATER, FL 33759 US**FEI Number:** 59-2624337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POOLE, DOUGLAS D
1117 ARCHERS BEND
SAFETY HARBOR, FL 34695 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SP
Name	POOLE, DOUGLAS D.
Address	1117 ARCHERS BEND
City-State-Zip:	SAFETY HARBOR FL 34695

Title	BMD
Name	LOGAN, CHRIS
Address	208 HANCOCK CT.
City-State-Zip:	SAFETY HARBOR FL 34695

Title	BMD
Name	MEIER, ANDREW
Address	109 S. MELVILLE AVE UNIT 2
City-State-Zip:	TAMPA FL 33606

Title	BMD
Name	ANDREWS, STEPHANIE
Address	3970 TALAH DR
City-State-Zip:	PALM HARBOR FL 34684

Title	BMD
Name	ALBERT, JEREMY
Address	2510 LAKESIDE COURT
City-State-Zip:	PALM HARBOR FL 34684

Title	BMD
Name	SCHULTZ, MELISSA
Address	415 DR ML KING JR ST N
City-State-Zip:	SAFETY HARBOR FL 34695

I hereby 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 all other like empowered.

SIGNATURE: ANDREW MEIER**TREASURER****01/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date