## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05063

Entity Name: CYPRESS MEADOWS COMMUNITY CHURCH OF THE

CHRISTIAN & MISSIONARY ALLIANCE, INC.

**Current Principal Place of Business:** 

2180 MCMULLEN-BOOTH RD CLEARWATER, FL 33759

**Current Mailing Address:** 

2180 MCMULLEN-BOOTH RD CLEARWATER, FL 33759

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

FILED Jan 10, 2014

**Secretary of State** 

CC1128569285

Officer/Director Detail:

Title SP Title BMD

Name POOLE, DOUGLAS D. Name LOGAN, CHRIS

Address 1117 ARCHERS BEND Address 208 HANCOCK CT.

City-State-Zip: SAFETY HARBOR FL 34695 City-State-Zip: SAFETY HARBOR FL 34695

Title BMD Title BMD

Name GREGORICH, JAMES Name MEIER, ANDREW

Address 215 LOTUS DR Address 109 S. MELVILLE AVE UNIT 2

City-State-Zip: SAFETY HARBOR FL 34695 City-State-Zip: TAMPA FL 33606

Title BMD

Name ANDREWS, STEPHANIE

Address 3970 TALAH DR

City-State-Zip: PALM HARBOR FL 34684

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: DOUGLAS D. POOLE

**SENIOR PASTOR** 

01/10/2014