

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003122

FILED
Apr 30, 2009
Secretary of State

Entity Name: CPR MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

9068 NW 45TH CT
SUNRISE, FL 33351

New Principal Place of Business:

6152 NW 11TH ST
SUNRISE, FL 33313

Current Mailing Address:

9068 NW 45TH CT
SUNRISE, FL 33351

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, GARFIELD
9068 NW 45TH CT
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMILTON, GARFIELD
Address: 9068 NW 45TH CT
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: HAMILTON, ANGELA
Address: 9068 NW 45TH CT
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: PAYNE, KATHERINE
Address: 2473 NW 63RD ST
City-St-Zip: MIAMI, FL 33147

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMILTON, GARFIELD REV
Address: 9068 NW 45TH CT
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change () Addition
Name: HAMILTON, ANGELA
Address: 9068 NW 45TH CT
City-St-Zip: SUNRISE, FL 33351

Title: S (X) Change () Addition
Name: PAYNE, KATHERINE
Address: 2473 NW 63RD ST
City-St-Zip: MIAMI, FL 33147

Title: D () Change (X) Addition
Name: LEWIN, KARITA
Address: 4009 SW 52ND AVE
City-St-Zip: PEMBROKE PARK, FL 33023

Title: D () Change (X) Addition
Name: HAMILTON, LLOYD REV
Address: 6152 NW 11TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: D () Change (X) Addition
Name: JAMES, RUTH ANN
Address: 6152 NW 11TH STREET
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARFIELD HAMILTON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date