above, or on an attachment with all other like empowered.

Entity Name: CPR MINISTRIES INTERNATIONAL, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2300 PALM BEACH LAKES BLVD 101 WEST PALM BEACH, FL 33409

DOCUMENT# N0800003122

Current Mailing Address:

2300 PALM BEACH LAKES BLVD 101 WEST PALM BEACH, FL 33409 US

FEI Number: 80-0163579

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HAMILTON, GARFIELD 2300 PALM BEACH LAKES BLVD 101 WEST PALM BEACH, FL 33409 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:

Officer/Director Detail ·

Officer/Director Detail :				
	Title	PRESIDENT	Title	OTHER
	Name	HAMILTON, GARFIELD DR.	Name	REID, EDWINA
	Address	2300 PALM BEACH LAKES BLVD 101	Address	2300 PALM BEACH LAKES BLVD 101
	City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409
	Title	SECRETARY, TREASURER	Title	D
	Name	HAMILTON, LORNA SECRETARY	Name	HAMILTON, LLOYD DR.
	Address	2300 PALM BEACH LAKES BLVD 101	Address	2300 PALM BEACH LAKES BLVD 101
	City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409
	Title	D		
	Name	JAMES, RUTH ANN		
	Address	2300 PALM BEACH LAKES BLVD 101		
	City-State-Zip:	WEST PALM BEACH FL 33409		

PRESIDENT

Certificate of Status Desired: No

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

SIGNATURE: GARFIELD HAMILTON

Electronic Signature of Signing Officer/Director Detail

05/01/2019 Date

Date