

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003122

Entity Name: CPR MINISTRIES INTERNATIONAL, INC.**Current Principal Place of Business:**2300 PALM BEACH LAKES BLVD
101
WEST PALM BEACH, FL 33409**Current Mailing Address:**2300 PALM BEACH LAKES BLVD
101
WEST PALM BEACH, FL 33409 US**FEI Number:** 80-0163579**Certificate of Status Desired:** Yes**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HAMILTON, GARFIELD DR.
Address 2300 PALM BEACH LAKES BLVD
 101
City-State-Zip: WEST PALM BEACH FL 33409

Title SECRETARY, TREASURER
Name HAMILTON, LORNA SECRETARY
Address 2300 PALM BEACH LAKES BLVD
 101
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

Title OFFICER
Name BARRETT, LORNA MARIE
Address 2300 PALM BEACH LAKES BLVD
 101
City-State-Zip: WEST PALM BEACH FL 33409

Title OFFICER
Name MARSTON, GERALD ANTHONY
Address 2300 PALM BEACH LAKES BLVD
 101
City-State-Zip: WEST PALM BEACH FL 33409

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: GARFIELD HAMILTON**PRESIDENT****04/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date