

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000004687

**Entity Name:** CPR SAFETY AND HEALTH TRAINING INCORPORATED

**Current Principal Place of Business:**

9507 BUXTON CT  
ORLANDO, FL 32817

**Current Mailing Address:**

9507 BUXTON CT  
ORLANDO, FL 32817 US

**FEI Number: 82-5276810**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILLIAMS, SHANEEN S  
9507 BUXTON CT  
ORLANDO, FL 32817 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 P  
Name WILLIAMS, SHANEEN S  
Address 9507 BUXTON CT  
City-State-Zip: ORLANDO FL 32817

Title VP  
Name WILLIAMS, IRA  
Address 5035 WALKER STREET  
City-State-Zip: SAINT CLOUD FL 34771

Title T  
Name WILLIAMS, JANET  
Address 5035 WALKER STREET  
City-State-Zip: SAINT CLOUD FL 34771

Title S  
Name MOORE, SHAINA  
Address 1420 LEWIS DRIVE  
City-State-Zip: WILLINGBORO NJ 08046

Title PR  
Name HODGE, DEIDRE  
Address 807 NW 135TH WAY  
City-State-Zip: SUNRISE FL 33325

*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: SHANEEN WILLIAMS**

**PRESIDENT**

**05/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date