2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2006
Secretary of State

DOCUMENT# N04000011307

Entity Name: CPR MINISTRIES, INC.

Current Principal Place of Business:

442 OLD MAIN STREET
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

442 OLD MAIN STREET
BRADENTON, FL 34205

New Mailing Address:

7106 GLENMOOR DRIVE
WEST PALM BEACH, FL 33409

FEI Number: 75-3175698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EWALD, DAVID R
442 OLD MAIN STREET
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

EWALD, DAVID R
7106 GLENMOOR DRIVE
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: DAVID R. EWALD 09/15/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EWALD, DAVID R
Address: 442 OLD MAIN STREET
City-St-Zip: BRADENTON, FL 34205

Title: VP ( ) Delete
Name: PITTINGTON, MARC
Address: 5606 LAKE OSBORNE DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: VP ( ) Delete
Name: ACKERMAN, ROYDEN KEITH
Address: 292 BEAVER CREEK WAY
City-St-Zip: CLEVELAND, GA 30528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID R. EWALD MR. 09/15/2006
Electronic Signature of Signing Officer or Director Date