2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011307

Entity Name: CPR MINISTRIES, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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442 OLD MAIN STREET BRADENTON, FL 34205

Current Mailing Address: New Mailing Address:

672 EVERGREEN TRAIL 5204 NEWSTEAD MANOR LANE FANCY GAP, VA 24328 RALEIGH, NC 27606

FEI Number: 75-3175698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 EWALD, DAVID R
 Name:
 EWALD, DAVID R

 Address:
 442 OLD MAIN STREET
 Address:
 442 OLD MAIN STREET

 City-St-Zip:
 BRADENTON, FL 34205
 City-St-Zip:
 BRADENTON, FL 34205

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 PITTINGTON, MARC
 Name:
 MCKEEHAN, MICHAEL

 Address:
 5606 LAKE OSBORNE DRIVE
 Address:
 331 WALTON BLVD

City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP () Delete Title: VP (X) Change () Addition Name: ACKERMAN, ROYDEN KEITH Name: ACKERMAN, ROYDEN KEITH

 Address:
 292 BEAVER CREEK WAY
 Address:
 723 EDEN CIRCLE

 City-St-Zip:
 CLEVELAND, GA 30528
 City-St-Zip:
 CLEVELAND, GA 30528

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: DAVID R. EWALD P 01/08/2008