

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011307

FILED
Mar 19, 2009
Secretary of State

Entity Name: CPR MINISTRIES, INC.

Current Principal Place of Business:

442 OLD MAIN STREET
BRADENTON, FL 34205

New Principal Place of Business:

4120 BEAR LAKES COURT
APT 102
WEST PALM BEACH, FL 33409

Current Mailing Address:

5204 NEWSTEAD MANOR LANE
RALEIGH, NC 27606

New Mailing Address:

4120 BEAR LAKES COURT
APT 102
WEST PALM BEACH, FL 33409

FEI Number: 75-3175698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
4120 BEAR LAKES COURT
APT 102
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:

03/19/2009

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: MCKEEHAN, MICHAEL
Address: 331 WALTON BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP () Delete
Name: ACKERMAN, ROYDEN KEITH
Address: 723 EDEN CIRCLE
City-St-Zip: CLEVELAND, GA 30528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EWALD, DAVID R
Address: 4120 BEAR LAKES COURT APT 102
City-St-Zip: WEST PALM BEACH, FL 33409

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 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

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date