

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011186

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: CPR MINISTRIES IN TAMPA INC

## Current Principal Place of Business:

1305 BRENTWOOD HILLS BLVD  
BRANDON, FL 33511

## New Principal Place of Business:

3920 S. KINGS AVE.  
BRANDON, FL 33511

## Current Mailing Address:

P.O. BOX 2541  
BRANDON, FL 33509

## New Mailing Address:

FEI Number: 20-3752881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BARILLAS, ANGEL  
1305 BRENTWOOD HILLS  
BRANDON, FL 33511      US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARILLAS, ANGEL  
Address: 1305 BRENTWOOD HILLS BLVD  
City-St-Zip: BRANDON, FL 33511

Title: O ( ) Delete  
Name: CRUZ, REFUGIO  
Address: 103 ISLAND WATER WAY  
City-St-Zip: APOLLO BEACH, FL 33570

Title: O ( ) Delete  
Name: GARCIA, IVAN  
Address: 4610 COUNTRY HILL CT SOUTH  
City-St-Zip: PLANT CITY, FL 33566

Title: O ( ) Delete  
Name: BARILLAS, MARVIN  
Address: 12715 DUN HILL DR.  
City-St-Zip: TAMPA, FL 33624

Title: O ( ) Delete  
Name: RIOS, FRANCISCO  
Address: 1461 LAKE SHORE RANCH DR.  
City-St-Zip: SEFFNER, FL 33584

## 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:

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: ANGEL BARILLAS

P

01/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date