

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011186

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: CPR MINISTRIES IN TAMPA INC

## Current Principal Place of Business:

3920 S. KINGS AVE.  
BRANDON, FL 33511

## New Principal Place of Business:

## 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 ( )

## Name and Address of Current Registered Agent:

BARILLAS, ANGEL B P  
614 VINTAGE WAY  
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: 614 VINTAGE WAY  
City-St-Zip: BRANDON, FL 33511

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

Title: O ( ) Delete  
Name: BARILLAS, MARGARA  
Address: 614 VINTAGE WAY  
City-St-Zip: BRANDON, FL 33511

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

Title: VP ( ) 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: VP (X) Change ( ) Addition  
Name: MARIN, EDGAR R  
Address: 714 HARTLAND CIR  
City-St-Zip: KISSIMMEE, FL 34748

Title: S (X) Change ( ) Addition  
Name: AGUILAR, JOSE B  
Address: 307 MONT CARMEL RD  
City-St-Zip: BRANDON, FL 33511

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: ANGEL BARILLAS

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date