

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06575

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: CITIZEN CPR, INC.

## Current Principal Place of Business:

1645 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 US

## New Principal Place of Business:

1021 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 US

## Current Mailing Address:

PO BOX 24928  
LAKELAND, FL 338024928 US

## New Mailing Address:

FEI Number: 59-2469360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARHAM, SUSAN  
1645 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 US

## Name and Address of New Registered Agent:

BARHAM, SUSAN  
1021 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 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:

04/04/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRAY, JOHN  
Address: PO BOX 1406  
City-St-Zip: LAKE ALFRED, FL

Title: T ( ) Delete  
Name: BELL, MELONY  
Address: 412 N. LANIER AVE.  
City-St-Zip: FORT MEADE, FL 33841

Title: D ( ) Delete  
Name: ENGLE, WALT ATT  
Address: PO BOX 32018  
City-St-Zip: LAKELAND, FL 33802

Title: D ( ) Delete  
Name: VOYLES, MARGIE  
Address: 1324 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: C ( ) Delete  
Name: MAY, LINDA DDS  
Address: 1495 E. MAIN ST.  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: RAYNOR, JIM  
Address: 3443 W CENTRAL AVE  
City-St-Zip: LAKE WALES, FL 33853

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: LYNN, MARLON  
Address: 708 S. FLORIDA AVENUE SUITE 3C  
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Change ( ) Addition  
Name: BELL, MELONY  
Address: 412 N. LANIER AVE.  
City-St-Zip: FORT MEADE, FL 33841

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

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

Title: D (X) Change ( ) Addition  
Name: MAY, LINDA DDS  
Address: 1495 E. MAIN ST.  
City-St-Zip: BARTOW, FL 33830

Title: T (X) Change ( ) Addition  
Name: REID, BEA CPA  
Address: 455 SOUTH BROADWAY  
City-St-Zip: BARTOW, FL 33830

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: SUSAN BARHAM

E.D.

04/04/2006

Electronic Signature of Signing Officer or Director

Date