

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06575

FILED
Apr 16, 2007
Secretary of State

Entity Name: CITIZEN CPR, INC.

Current Principal Place of Business:

1021 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

New Principal Place of Business:

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
1021 LAKELAND HILLS BLVD
LAKELAND, FL 33805 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: C () Delete
Name: LYNN, MARLON
Address: 708 S. FLORIDA AVENUE SUITE 3C
City-St-Zip: LAKELAND, FL 33801

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: WILKERSON, WALKER CPA
Address: 811 E. MAIN STREET.
City-St-Zip: LAKELAND, FL 33801

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

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

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

Title: VP (X) Change () Addition
Name: PILKINGTON, LINDA
Address: 3818 S. SCENIE HWY
City-St-Zip: LAKE WALES, FL 33898

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

04/16/2007

Electronic Signature of Signing Officer or Director

Date