

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06575

FILED
Apr 06, 2009
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: PILKINGTON, LINDA
Address: 3818 SCENIC HWY
City-St-Zip: LAKE WALES, FL 33898

Title: VC () Delete
Name: WILKERSON, WALKER CPA
Address: 811 E. MAIN STREET.
City-St-Zip: LAKELAND, FL 33801

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

Title: S () Delete
Name: RUBIN, PATTI
Address: 124 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33801

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

Title: DIR () Delete
Name: BARHAM, SUSAN
Address: 1021 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: LUCKETT, WILLIAM
Address: 999 AVENUE H. N.E.
City-St-Zip: WINTERHAVEN, FL 33881

Title: T (X) Change () Addition
Name: DICKEY, BEA 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: () 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: SUSAN BARHAM

DIR.

04/06/2009

Electronic Signature of Signing Officer or Director

Date