

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06575

FILED  
Feb 17, 2010  
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:**

PO BOX 24298  
LAKELAND, FL 338024298 US

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  
Name: LUCKETT, BILL  
Address: 999 AVENUE H. N.E.  
City-St-Zip: WINTER HAVEN, FL 33881

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

Title: T  
Name: DICKY, BEA CPA  
Address: 455 S. BROADWAY  
City-St-Zip: BARTOW, FL 33830

Title: S  
Name: DEANGELIS, LORI  
Address: P.O.BOX 407  
City-St-Zip: LAKELAND, FL 33802 04

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

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN BARHAM

DIR

02/17/2010

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

\_\_\_\_\_  
Date