2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N96000003811

Entity Name: CHRISTIAN PROFESSIONAL'S RESOURCE, INC.

Current Principal Place of Business:

5755 RAMONA BLVD.
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5755 RAMONA BLVD.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3402656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZVARA, WILLIAM L
4810 ARAPAHOE AVE.
JACKSONVILLE, FL 32210 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: DV ( ) Delete
Name: MILNE, DOUGLAS J
Address: 4595 LEXINGTON AVE SUITE 100
City-St-Zip: JACKSONVILLE, FL 32210

Title: DV ( ) Delete
Name: HAYLE, R. PATRICK
Address: 426 S MCDUFF AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DV ( ) Delete
Name: WIGGINS, GARRY L
Address: 5755 RAMONA BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: DS ( ) Delete
Name: ZVARA, WILLIAM L
Address: 4810 ARAPAHOE AVE.
City-St-Zip: JACKSONVILLE, FL

Title: DPT ( ) Delete
Name: WILSON, J. CHARLES
Address: 4417 BEACH BLVD., SUITE 200
City-St-Zip: JACKSONVILLE, FL

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: ( ) 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 for the exemption stated in Section 119.07(3)(i), 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: GARRY L. WIGGINS DV 05/03/2005

Electronic Signature of Signing Officer or Director — Date