2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

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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 ( )**

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
Name: MILNE, DOUGLAS J
Address: 4595 LEXINGTON AVE SUITE 100
City-St-Zip: JACKSONVILLE, FL 32210

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

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

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

Title: DPT
Name: WILSON, J. CHARLES
Address: 3030 HARTLEY ROAD, SUITE 120
City-St-Zip: JACKSONVILLE, FL 32257

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: J CHARLES WILSON P 04/26/2011

Electronic Signature of Signing Officer or Director Date