

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2007  
Secretary of State**

DOCUMENT# N01000001305

Entity Name: GOD OF COMPASSION MINISTRIES, INC.

**Current Principal Place of Business:**

18050 SW 355 ST  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

18050 SW 355 ST  
FLORIDA CITY, FL 33034

**New Mailing Address:**

FEI Number: 65-1083124      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GUY D. SPERDUTO, CPA, PA  
8982 TAFT STREET  
PEMBROKE PINES, FL 33024      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: PD      ( ) Delete  
Name: CHARLES, FRITZ  
Address: 18050 SW 355 ST  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD      ( ) Delete  
Name: LEON, JOSEPH S  
Address: 6820 NW 2ND AVE  
City-St-Zip: MIAMI, FL 33150

Title: TD      ( ) Delete  
Name: MARTINEZ, RALPH  
Address: 2917 AUGUSTA CIRCLE  
City-St-Zip: HOMESTEAD, FL 33034

Title: SD      ( ) Delete  
Name: BOYD, SHARON  
Address: 8800 SW 177 TERR  
City-St-Zip: MIAMI, FL 33157

**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:

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: CHARLES,FRITZ

PD

04/14/2007

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

\_\_\_\_\_  
Date