

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001305

FILED
Apr 28, 2008
Secretary of State

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 ()

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: VD (X) Change () Addition
Name: CHERUBIN, ROOSEVELT
Address: 1517 INVERNESS STREET
City-St-Zip: PORT CHALOTTE, FL 33952

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: FRITZ CHARLES

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date