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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 10 PM 12:20

DOCUMENT # N04793 (8)

1. Corporation Name

COMPASSION NATIONAL CHILDREN'S FOUNDATION, INC.

Principal Place of Business	Mailing Address
250 W. IVANHOE BLVD. CENTRAL CHRISTIAN CHURCH ORLANDO FL 32861 US	~~P O BOX 671248~~ ~~ORLANDO FL 32861~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1984
3a. Date of Last Report: 08/04/1994
4. FEI Number: 59-2532279 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 2505W Ivanhoe Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite A
City & State 23	City & State 28 Orlando, FL.
Zip 24 / Country 25	Zip 29 32804 / Country 30 ORANGE

9. Name and Address of Current Registered Agent

GIORGIO, ANTHONY J
1153 WHISPERING WINDS COURT
APAPKA FL 32704

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	11 TITLE	VPD	☐ Change ☒ Addition
NAME	GIORGIO, ANTHONY J.	12 NAME	Gloria Miller	
STREET ADDRESS	1153 WHISPERING WINDS CT.	13 STREET ADDRESS	8612 Drayton Ct.	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	Orlando, Fl. 32825	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	GIORGIO, LAUREEN	22 NAME		
STREET ADDRESS	1153 WHISPERING WINDS CT.	23 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GRAZIANO, GRACE M.	32 NAME		
STREET ADDRESS	4412 DUNWOODY PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FUSCO, ANNETTE	42 NAME		
STREET ADDRESS	71-2 LAKE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	MYSTIC ISLAND NJ 08087	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	REID, LAWRENCE	52 NAME		
STREET ADDRESS	249 STERLING ROSE CT.	53 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MANACHINO, JAMIE	62 NAME		
STREET ADDRESS	14 GEORGE ST	63 STREET ADDRESS		
CITY-ST-ZIP	MASTIC NY	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony J. Giorgio, President 4-5-95 (407) 426-8951
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #