FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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	250 SW INVANHOE BLVD SUITE A ORLANDO FL 32804 US

3. Date Incorporated or Qualified: **08/21/1984**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GIORGIO, ANTHONY J.		1.2 NAME	Barbara Carpenter	
STREET ADDRESS	1153 WHISPERING WINDS CT.		1.3 STREET ADDRESS	1513 Royal Circle	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	Apopka Fl. 32703	
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	GIORGIO, LAUREEN		2.2 NAME	Michael R. Schafer, C.P.A.	
STREET ADDRESS	1153 WHISPERING WINDS CT.		2.3 STREET ADDRESS	185 Birchwood Drive	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	Maitland Fl. 32751	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAZIANO, GRACE M.		3.2 NAME		
STREET ADDRESS	4412 DUNWOODY PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FUSCO, ANNETTE		4.2 NAME		
STREET ADDRESS	71-2 LAKE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MYSTIC ISLAND NJ 08087		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REID, LAWRENCE		5.2 NAME		
STREET ADDRESS	249 STERLING ROSE CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MANACHINO, JAMIE		6.2 NAME		
STREET ADDRESS	14 GEORGE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MASTIC NY		6.4 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)(k), 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 ANTHONY J. Giorgio, President 4-9-96 407-426-8951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)