
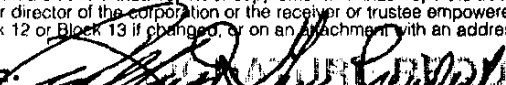


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 250 W. IVANHOE BLVD. CENTRAL CHRISTIAN CHURCH ORLANDO FL 32861 US		Mailing Address 250 SW IVANHOE BLVD SUITE A ORLANDO FL 32804-6852 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 08/21/1984		3a. Date of Last Report 04/15/1996	
4. FEI Number 59-2532279		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GIORGIO, ANTHONY J 1153 WHISPERING WINDS COURT APOPKA 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC GIORGIO, ANTHONY J. 1153 WHISPERING WINDS CT. APOPKA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D. MICHELLE SLOANE 540 BUCKWINSTAN Cr. Orlando, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIORGIO, LAUREEN 1153 WHISPERING WINDS CT. APOPKA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	MARY DUCKWORTH 3370 PASHING AVE. ORLANDO, FL 32866
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAZIANO, GRACE M. 4412 DUNWOODY PLACE ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	C/D LAUREN GIORGIO 1153 WHISPERING WINDS CT. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARPENTER, BARBARA 1513 ROYAL CIR APOPKA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	P/D ANTHONY J. GIORGIO 1153 WHISPERING WINDS CT. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHAFER, MICHAEL R CPA 185 BIRCHWOOD DR MAITLAND FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	TR/D SCHAFER, MICHAEL R. CPA 816 SWEATWATER ISLAND CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	DELETED
14. I do hereby certify that the information supplied with this filing 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 4/11/97 407-426-8951	

CR2E037 (9/96)