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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 IVANHOE BLVD SUITE A ORLANDO FL 32804 US

3. Date Incorporated or Qualified: 08/21/1984

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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		☐ Change ☐ Addition
NAME	GIORGIO, ANTHONY J.		1.2 NAME		
STREET ADDRESS	1153 WHISPERING WINDS CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIORGIO, LAUREEN		2.2 NAME		
STREET ADDRESS	1153 WHISPERING WINDS CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GIORGIO, LAUREEN		3.2 NAME		
STREET ADDRESS	1153 WHISPERING WINDS CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GIORGIO, ANTHONY J		4.2 NAME	Grace Graziano	
STREET ADDRESS	1153 WHISPERING WINDS CT.		4.3 STREET ADDRESS	4412 Dunwoody Place	
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP	Orlando, Florida 32808	
TITLE	TD	☒ DELETE	5.1 TITLE	T/D Marnie Shewmaker	☐ Change ☒ Addition
NAME	SCHAFER, MICHAEL R CPA		5.2 NAME		
STREET ADDRESS	816 SWEATWATER ISLAND CIR.		5.3 STREET ADDRESS	9111 Ridge Pine Trail	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	Orlando, Florida 32819	
TITLE	CD	☒ DELETE	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DUCKWORTH, MARY		6.2 NAME	Mary Duckworth	
STREET ADDRESS	3370 PERSHING AVE.		6.3 STREET ADDRESS	3370 Pershing Ave	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	Orlando, Fl.	

CR2E037 (10/97)

14. I 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: Tony Giorgio, President 4-13-98 (407) 426 8951