FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90104 031 ****70.00

0016909

DOCUMENT # **N04793**

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

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	3. Date Incorporated or Qualifed 08/21/1984 4. FEI Number 59-2532279 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	CD	☐ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	GIORGIO, LAUREEN		1.2 NAME	Tony Giorgio	
STREET ADDRESS	1153 WHISPERING WINDS CT.		1.3 STREET ADDRESS	1153 Whispering Winds Ct.	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAZIANO, GRACE		2.2 NAME		
STREET ADDRESS	4412 DUNWOODY PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHEWMAKER, MARNIE		3.2 NAME		
STREET ADDRESS	9111 RIDGE PINE TR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DUCKWORTH, MARY		4.2 NAME		
STREET ADDRESS	3370 PERSHING AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Tony Giorgio ATTORNEY Tony Giorgio 4-5-99 407-426-8951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #