

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04793

1. Entity Name

"COMPASSION" CHILDREN'S FOUNDATION, INC.

FILED

May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90088 044 \*\*\*\*\*70.00

|                                                                                      |                                                                |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>1153 WHISPERING WINDS COURT<br>APOPKA FL 32703<br>US. | Mailing Address<br>P.O. BOX 1922<br>APOPKA FL 32704-1922<br>US |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>59-2532279 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |



DO NOT WRITE IN THIS SPACE

|                                                                                                                             |                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GIORGIO, ANTHONY J<br>1153 WHISPERING WINDS COURT<br>APOPKA FL 32704 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

| 10. OFFICERS AND DIRECTORS                     |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CDS<br>GIORGIO, LAUREEN<br>1153 WHISPERING WINDS CT.<br>APOPKA FL 32703 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS<br>GIORGIO, LAUREEN<br>1153 WHISPERING WINDS CT.<br>APOPKA, FL. 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HUDSON, KEN<br>3820 WIMBLEDON DRIVE<br>LAKE MARY FL 32746 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>HUDSON, KEN, JR<br>8023 ARCADIAN CT<br>MT. DORA, FL. 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>GIORGIO, TONY<br>1153 WHISPERING WINDS COURT<br>APOPKA FL 32703 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>GIORGIO, TONY<br>1153 WHISPERING WINDS CT.<br>APOPKA, FL. 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>SHEWMAKER, MARNIE<br>9111 RIDGE PINE TRAIL<br>ORLANDO, FL. 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>FRANK, MITCHELL, ESQ<br>5108 KEENE LAWN CR<br>ORLANDO, FL. 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>WALTERS, KAY, MS R.N.<br>1801 LAKE GROVE LN<br>ORLANDO, FL. 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony Giorgio, President 4/24/02 407-464-4643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment  
Document # NO4793  
ADDITION / CHANGES TO OFFICERS AND DIRECTORS IN IO  
Continued. 788065

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D

BURN, KATIE

CHANGE ☐ ADDITION ☒

25231 MATTHEW ST.

CHRISTMAS, FL. 32709

②

D

CHANGE ☐ ADDITION ☒

PEARSON, SHAWN

4521 BLOXHAM CUT OFF

CRAWFORDVILLE, FL. 32327