2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90138 025 ****70.00

DOCUMENT # N04793

1. Entity Name

"COMPASSION" CHILDREN'S FOUNDATION, INC.

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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
679 EVANS COVE Rd	820 LAKE KATHRYN CR.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MAGGIE VALLEY, N.C.	City & State: CASSELBERRY FL.
Zip: 28751 Country: HAYWOOD	Zip: 32707 Country: ORANGE

4. FEI Number: 59-2532279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIORGIO, ANTHONY J
1153 WHISPERING WINDS COURT
APAPKA FL 32704

7. Name and Address of New Registered Agent

Name: DAVID C. Crowder, CPA, EA.
Street Address (P.O. Box Number is Not Acceptable): 820 LAKE KATHRYN CIRCLE.
City: CASSELBERRY, FL. 32707 32707 — **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _____ X 4/24/04
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRZEWINSKI, EVA 132 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	☒ Delete	P.C. Giorgio ANThony J. 679 EVANS COVE Rd MAGGIE VALLEY, NC. 28751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLYNN, MARY 1910 PALM VIEW DR APOPKA FL 32712	☒ Delete	D Millie Giorgio 1074 MANISAN AVE OVIEDO, FL. 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GINGIO, LAUREEN 1153 WHISPERING WINDS CT APOPKA FL 32703	☒ Delete	DST Giorgio LAUREEN 679 EVANS COVE Rd MAGGIE VALLEY, N.C. 28751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLF, LINDA 2424 STONEVIEW RD ORLANDO FL 32803	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK, MITCHELL ESQ 5108 KEENE LAND CR ORLANDO FL 32819	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, KAY 1801 LAKE GROVE LANE ORLANDO FL 32806	☒ Delete		☐ Change ☐ 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: By Giorgio, Pres. TONY Giorgio President 4/20/04 828-926-8492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #