
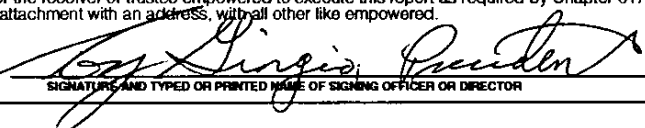


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90069 018 ****70.50

DOCUMENT # N04793 1. Entity Name "COMPASSION" CHILDREN'S FOUNDATION, INC.					
Principal Place of Business 679 EVANS COVE RD. MAGGIE VALLEY, NC 28751 US			Mailing Address 820 LAKE KATHRYN CR. CASSELBERRY, FL 32707 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CROWDER, DAVID C 820 LAKE KATHRYN CIRCLE CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PC GIORGIO, ANTHONY J <input checked="" type="checkbox"/> Delete 1074 MANIGAN AVE. OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GIORGIO, ANTHONY J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 679 EVANS COVE RD MAGGIE VALLEY, NC 28751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORGIO, MILLIE <input checked="" type="checkbox"/> Delete 1074 MANIGAN AVE. OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TST GIORGIO, LAUREEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 679 EVANS COVE RD. MAGGIE VALLEY, NC 28761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GINGIO, LAUREEN <input checked="" type="checkbox"/> Delete 679 EVANS COVE RD. MAGGIE VALLEY, NC 28751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK, MITCHEL, ESQ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5108 KEENE LAND CR. ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARSON, SHAWN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4521 BLOXHAM CUT OFF CRAWFORDVILLE FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/16/05 828-926-8492 <small>Date Daytime Phone #</small>		