

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90149 036 ****70.00

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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

40077263



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

CROWDER, DAVID C
820 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	GIORGIO, ANTHONY J
STREET ADDRESS	679 EVANS COVE RD.
CITY - ST - ZIP	MAGGIE VALLEY, NC 28751
TITLE	TST
NAME	GIORGIO, LAUREEN
STREET ADDRESS	679 EVANS COVE RD.
CITY - ST - ZIP	MAGGIE VALLEY, NC 28751
TITLE	T
NAME	FRANK, MITCHEL ESQ.
STREET ADDRESS	5108 KEENELAND CIR
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	T
NAME	PEARSON, SHAWN
STREET ADDRESS	4521 BLOXHAM CUTOFF
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

Date

828-926 8492

Daytime Phone #