2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N04793

Entity Name: "COMPASSION" CHILDREN'S FOUNDATION, INC.

Current Principal Place of Business:

679 EVANS COVE RD.
MAGGIE VALLEY, NC 28751 US

New Principal Place of Business:

Current Mailing Address:

820 LAKE KATHRYN CR.
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2532279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: DAVID CROWDER 04/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: GIORGIO, ANTHONY J
Address: 679 EVANS COVE RD.
City-St-Zip: MAGGIE VALLEY, NC 28751

Title: TST ( ) Delete
Name: GIORGIO, LAUREEN
Address: 679 EVANS COVE RD.
City-St-Zip: MAGGIE VALLEY, NC 28751

Title: T ( ) Delete
Name: FRANK, MITCHEL ESQ.
Address: 5108 KEENELAND CIR
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete
Name: PEARSON, SHAWN
Address: 4521 BLOXHAM CUTOFF
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: GIORGIO, ANTHONY J PRES
Address: 679 EVANS COVE RD.
City-St-Zip: MAGGIE VALLEY, NC 28751 US

Title: TST (X) Change ( ) Addition
Name: GIORGIO, LAUREEN MRS.
Address: 679 EVANS COVE RD.
City-St-Zip: MAGGIE VALLEY, NC 28751 US

Title: T (X) Change ( ) Addition
Name: FRANK, MITCHEL ESQ.
Address: 5108 KEENELAND CIR
City-St-Zip: ORLANDO, FL 32819 US

Title: T (X) Change ( ) Addition
Name: PEARSON, SHAWN MR.
Address: 4521 BLOXHAM CUTOFF
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: T ( ) Change (X) Addition
Name: TIRRELL, RICHARD CPA
Address: 854 MOUNT VALLEY RD
City-St-Zip: WAYNESVILLE, NC 28785 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY GIORGIO PRES 04/27/2007
Electronic Signature of Signing Officer or Director Date