

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04793

**FILED**  
**Mar 22, 2013**  
**Secretary of State**

**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:**

P.O.BOX 1982  
MAGGIE VALLEY, NC 28751 US

**FEI Number:** 59-2532279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GIORGIO, TONY  
679 EVANS COVE RD.  
MAGGIE VALLEY, NC, FL 28751 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: TONY GIORGIO

03/22/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: SEC  
Name: GIORGIO, LAUREEN MRS.  
Address: 679 EVANS COVE RD.  
City-St-Zip: MAGGIE VALLEY, NC 28751 US

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

Title: TREA  
Name: TIRRELL, RICHARD CPA  
Address: 854 MOUNT VALLEY RD  
City-St-Zip: WAYNESVILLE, NC 28785 US

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY J. GIORGIO,PRES.

PRES

03/22/2013

Electronic Signature of Signing Officer or Director

Date