2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State
06-02-2003 90191 041 ****70.00

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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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
GIORGIO, ANTHONY J 1153 WHISPERING WINDS COURT APAPKA FL 32704	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 _____
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

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	DST GIORGIO, LAUREEN 1153 WHISPERING WINDS CT. APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVA KRZEWINSKI 132 maitland ave. altamonte Springs. Fl. 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDSON, KEN 8023 ARCADIAN CT MOUNT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY FLYNN. 1910 PALM VIEW DR. APOPKA FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GIORGIO, TONY 1153 WHISPERING WINDS COURT APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LAUREEN Giorgio 1153 Whispering winds ct APOPKA. Fl. 32703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHEWMAKER, MARNIE 9111 RIDGE PINE TRAIL ORLANDO FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDA ROLF. 2424 STONEVIEW Rd ORLANDO, Fl. 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK, MITCHELL ESQ 5108 KEENE LAND CR ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, KAY 1801 LAKE GROVE LANE ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Tony Giorgio PRESIDENT Tony Giorgio 4/26/03 407-464-4643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #