

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001857

FILED  
Feb 22, 2012  
Secretary of State

**Entity Name:** THE COMPASSIONATE CURE FOUNDATION, INC.

**Current Principal Place of Business:**

4624 TINSLEY DRIVE  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

4624 TINSLEY DRIVE  
ORLANDO, FL 32839

**New Mailing Address:**

FEI Number: 45-1208427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUSSELL, KIMBERLY  
4624 TINSLEY DRIVE  
ORLANDO, FL 32839 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RUSSELL, KIMBERLY  
Address: 4624 TINSLEY DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: MVP  
Name: GIESEGH, JOSHUA  
Address: 11138 RIVER GROVE DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: AVP  
Name: HAMAD, CYNTHIA  
Address: 8956 108TH AVE.N.  
City-St-Zip: SEMINOLE, FL 33777

Title: SEC  
Name: HASTINGS, KELLI  
Address: 523 HIGHLAND AVE.  
City-St-Zip: ORLANDO, FL 32801

Title: EVP  
Name: CREEL, MICHAEL  
Address: 709 ADIRONDACK AVE.  
City-St-Zip: ORLANDO, FL 32807

Title: TRES  
Name: ALTER, KURT  
Address: 1201 S. ORLANDO AVE., SUITE 400  
City-St-Zip: ORLANDO, FL 32789

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: KIMBERLY RUSSELL

PRES

02/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date