


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000931

1. Entity Name
 COMPASSIONATE FAMILIES, INC.



Principal Place of Business 218 N BROAD STREET JACKSONVILLE, FL 32202	Mailing Address 218 N BROAD STREET JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

4. ILL Number 59-3504148	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fec Required	

8. Name and Address of Current Registered Agent

MITCHELL, RICHARD G
 108 JANELLE LANE
 JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

9. 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]* R. GLEN MITCHELL, DIRECTOR 21 APRIL 05
Signature of the individual named as registered agent and title if applicable. (NOTE: Registered Agent signature required when filing this form.) DATE

Filing Fee is \$61.25 Due by May 1, 2005	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	C STOUT, KIMBERLY 7044 SWAMP FLOWER DR N JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY ST ZIP	VC DELONGIS, SHEILA CLIFTON 12254 PALMETTO PLACE SANDERSON, FL 32087
TITLE NAME STREET ADDRESS CITY ST ZIP	S LEWIS, DEBRA 7751 RUSHMORE COURT JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY ST ZIP	T RIPPIE, BELINDA 7565 FAWN LAKE DR S JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY ST ZIP	D KOWALSKI, JIM 4925 BEACH BOULEVARD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY ST ZIP	D MITCHELL, GLEN 108 JANELLE LANE JACKSONVILLE, FL 32211

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 04/27/05-80161-014 70.00

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 individuals empowered.

SIGNATURE: *[Signature]* 4-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #