


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 041 ****70.00

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**

60030133



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3504148

Applied For
 Not Applicable

City & State

Zip Country

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

**MITCHELL, RICHARD G
 108 JANELLE LANE
 JACKSONVILLE, FL 32211**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 **C** Delete
 NAME **STOUT, KIMBERLY**
 STREET ADDRESS **7044 SWAMP FLOWER DR N**
 CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **C** Change Addition
 NAME **Mitchell, Glen**
 STREET ADDRESS **108 Janelle Lane**
 CITY-ST-ZIP **Jax. FL. 32211**

TITLE **VC** Delete
 NAME **DELONGIS, SHEILA CLIFTON**
 STREET ADDRESS **12254 PALMETTO PLACE**
 CITY-ST-ZIP **SANDERSON, FL 32087**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **LEWIS, DEBRA**
 STREET ADDRESS **7751 RUSHMORE COURT**
 CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **RIPPIE, BELINDA**
 STREET ADDRESS **7565 FAWN LAKE DR S**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KOWALSKI, JIM**
 STREET ADDRESS **4925 BEACH BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MITCHELL, GLEN**
 STREET ADDRESS **108 JANELLE LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** Change Addition
 NAME **Stout, Kimberly**
 STREET ADDRESS **7044 Swamp Flower Dr. N.**
 CITY-ST-ZIP **Jax. FL. 32244**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, trustee or 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 lists empowered.

SIGNATURE:  **R. GLEN MITCHELL** 10 APR 06 904/396-9665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #