



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N98000000931 1. Entity Name COMPASSIONATE FAMILIES, INC.	
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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**

	
04192007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3504148	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MITCHELL, RICHARD G  
 108 JANELLE LANE  
 JACKSONVILLE, FL 32211

**DO NOT WRITE IN THIS SPACE**

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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MITCHELL, GLEN 105 JANELLE LANE JACKSONVILLE, FL 32211
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 RIPPPIE, BELINDA 7585 FAWN LAKE DR S JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALSKI, JIM 4925 BEACH BOULEVARD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOUT, KIMBERLY 7044 SWAMP FLOWER DR N JACKSONVILLE, FL 32244

U900000725192  
 05/03/07-80012-006 70.00

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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 reports 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 fiduciary 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 and all other lists empowered.

SIGNATURE:  **19 APRIL 2007** **904/396-9665**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Z. GLEN MITCHELL**