


**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90110 013 \*\*\*\*70.00

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # N9800000931**  
 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

**66014059**



04182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3504148

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 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 *R. GLEN MITCHELL* R. GLEN MITCHELL 21 APRIL 2008  
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25**  
 Due by **May 1, 2008**

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 RIPPIE, BELINDA 7585 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 STOUT, KIMBERLY 7044 SWAMP FLOWER DR N JACKSONVILLE, FL 32244

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 IN THIS SPACE**

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 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 or other fee empowered.

SIGNATURE: *R. Glen Mitchell* 9 JUNE 2008 904/396-9665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #