

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000931

FILED
Apr 20, 2011
Secretary of State

Entity Name: COMPASSIONATE FAMILIES, INC.

Current Principal Place of Business:

218 N BROAD STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

218 N BROAD STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3504148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MITCHELL, RICHARD G
108 JANELLE LANE
JACKSONVILLE, FL 32211 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: C
Name: MITCHELL, GLEN
Address: 105 JANELLE LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VC
Name: STANLEY, VALERIE
Address: 4217 NORTH SHORE DRIVE
City-St-Zip: FERNANDINA, FL 32034

Title: S
Name: LEWIS, DEBRA
Address: 7751 RUSHMORE COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: T
Name: ARMISTEAD, MYRA
Address: 8141 OAKWOOD STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: DELONGIS, SHEILA C
Address: 12254 PALMETTO PLACE
City-St-Zip: SANDERSON, FL 32087

Title: D
Name: FLOWERS, VALENCIA
Address: 1904 RIBAUT SCENIC DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

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: RICHARD G. MITCHELL

C

04/20/2011

Electronic Signature of Signing Officer or Director

_____ Date