

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000931

FILED
Nov 28, 2012
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:

MITCHELL, RICHARD G
218 BROAD STREET
JACKSONVILLE, FL 32202 US

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: RICHARD G. MITCHELL

11/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: STANLEY, VALERIE
Address: 4217 NORTH SHORE DRIVE
City-St-Zip: FERNANDINA, FL 32024

Title: VC
Name: BROOKS, MARGIE
Address: 5237 SIGINAW AVE
City-St-Zip: JACKSONVILLE, FL 32210

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: VALLELY, CINDY
Address: 5920 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: LANDRY, JORRICK
Address: 6959 CLINTON CORNERS DR.
City-St-Zip: JACKSONVILLE, FL 32222

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: VALERIE STANLEY

C

11/28/2012

Electronic Signature of Signing Officer or Director

Date