

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001305

**Entity Name:** GOD OF COMPASSION MINISTRIES, INC.

**Current Principal Place of Business:**

18050 SW 355 ST  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

18050 SW 355 ST  
FLORIDA CITY, FL 33034

**FEI Number:** 65-1083124

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUY D. SPERDUTO, CPA, PA  
8982 TAFT STREET  
PEMBROKE PINES, FL 33024 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CHARLES, FRITZ  
Address 18050 SW 355 STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title VD  
Name CHERUBIN, ROOSEVELT  
Address 1517 INVERNESS STREET  
City-State-Zip: PORT CHALOTTE FL 33952

Title TD  
Name WILSON, ELIZABETH M  
Address 133 LAKE VIEW DRIVE NORTH  
City-State-Zip: MACON GA 31210

Title SD  
Name CARTER, WALKER G///  
Address 3285 VISTA CIR  
City-State-Zip: MACON GA 31204

Title VP  
Name WILSON, PERRY A  
Address 133 LAKE VIEW DRIVE NORTH  
City-State-Zip: MACON GA 31210

*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:** FRITZ CHARLES

PD

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date