

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001305

Entity Name: GOD OF COMPASSION MINISTRIES, INC.**Current Principal Place of Business:**13 E PALMETTO STREET
AVON PARK, FL 33825**Current Mailing Address:**P O BOX 602
AVON PARK, FL 33826 US**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	13 E PALMETTO STREET
City-State-Zip:	AVON PARK FL 33825

Title	VP
Name	CHERUBIN, ROOSEVELT
Address	701 FORESTHILL LANE NW
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	TD
Name	AHRENS, FLORENCE F
Address	802 BARLOW AVE.
City-State-Zip:	AVON PARK FL 33825

Title	SD
Name	WEDGE, PATRICIA MAE
Address	120 W LAKE DAMON DR
City-State-Zip:	AVON PARK FL 33825

Title	ASSISTANCES SECRETARY
Name	CHARLES, MADELINE JULIE
Address	13 E PALMETTO STREET
City-State-Zip:	AVON PARK FL 33825

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

03/14/2022

Electronic Signature of Signing Officer/Director Detail_____
Date