

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04793

**Entity Name:** "COMPASSION" CHILDREN'S FOUNDATION, INC.**Current Principal Place of Business:**679 EVANS COVE RD.  
MAGGIE VALLEY, NC 28751**Current Mailing Address:**P.O.BOX 1982  
MAGGIE VALLEY, NC 28751 US**FEI Number:** 59-2532279**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CROWDER, DAVID  
820 LAKE KATHRY CR  
CASSELBERRY, FL 32707 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 PC  
Name GIORGIO, ANTHONY J PRES  
Address 679 EVANS COVE RD.  
City-State-Zip: MAGGIE VALLEY NC 28751

Title SEC  
Name GIORGIO, LAUREEN MRS.  
Address 679 EVANS COVE RD.  
City-State-Zip: MAGGIE VALLEY NC 28751

Title T  
Name FRANK, MITCHEL ESQ.  
Address 5108 KEENELAND CIR  
City-State-Zip: ORLANDO FL 32819

Title TREA  
Name TIRRELL, RICHARD CPA  
Address 854 MOUNT VALLEY RD  
City-State-Zip: WAYNESVILLE NC 28785

Title TRUSTEE  
Name PEARSON, SHAWN MR.  
Address 4521 BLOXHAM CUT OFF  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** ANTHONY J GIORGIO**PRESIDENT****01/09/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date