

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2013
Secretary of State
CC4474416920

Entity Name: THE COMPASSIONATE CURE FOUNDATION, INC.

Current Principal Place of Business:

4624 TINSLEY DRIVE
ORLANDO, FL 32839

Current Mailing Address:

4624 TINSLEY DRIVE
ORLANDO, FL 32839

FEI Number: 45-1208427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUSSELL, KIMBERLY
4624 TINSLEY DRIVE
ORLANDO, FL 32839 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 PRES
Name RUSSELL, KIMBERLY
Address 4624 TINSLEY DRIVE
City-State-Zip: ORLANDO FL 32839

Title MVP
Name GIESEGH, JOSHUA
Address 11138 RIVER GROVE DRIVE
City-State-Zip: ORLANDO FL 32817

Title AVP
Name HAMAD, CYNTHIA
Address 8956 108TH AVE.N.
City-State-Zip: SEMINOLE FL 33777

Title SEC
Name HASTINGS, KELLI
Address 523 HIGHLAND AVE.
City-State-Zip: ORLANDO FL 32801

Title EVP
Name CREEL, MICHAEL
Address 709 ADIRONDACK AVE.
City-State-Zip: ORLANDO FL 32807

Title TRES
Name ALTER, KURT
Address 1201 S. ORLANDO AVE., SUITE 400
City-State-Zip: ORLANDO FL 32789

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: KIMBERLY RUSSELL

PRESIDENT

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date