

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004934

FILED
Apr 25, 2017
Secretary of State
CC8087790123

Entity Name: COMPASSION CARE MINISTRIES, INC

Current Principal Place of Business:

11523 WALDEN LOOP
PARRISH, FL 34219

Current Mailing Address:

1125 53RD AVENUE WEST
BRADENTON, FL 34207

FEI Number: 46-3248372

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ETIENNE, MARC
1125 53RD AVENUE WEST
BRADENTON, FL 34207 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 P
Name ETIENNE, MARC
Address 11523 WALDEN LOOP
City-State-Zip: PARRISH FL 34219

Title VP
Name SAINT CYR, JEAN FRANCK
Address 1211 MELROSE FOREST COURT
City-State-Zip: LAWRENCEVILLE GA 30045

Title ED
Name EDME, IVENCIA
Address 11523 WALDEN LOOP
City-State-Zip: PARRISH FL 34219

Title COO
Name ST CYR, JOVENS
Address DELMAS 33 PETITE PLACE CAZEAU
City-State-Zip: DELMAS NA WI

Title COO
Name DORISCA, ESSON
Address ROUTE FRERE COLETTE
140
City-State-Zip: PETION VILLE WI

Title CORRESPONDING SECRETARY
Name PIERRETTE, THESSA CORALIE
Address TABARRE 61 RUE MARCELIN
10
City-State-Zip: TABARRE NA WI

Title SECRETARY
Name EDME, ARMIDE
Address 902 1ST AVENUE DRIVE EAST
203
City-State-Zip: PALMETTO FL 34221

Title MEDIA OPERATOR
Name PIERRE, ZACHARIE
Address TURGEAU FACE EGLISE LA
PROPHETIE
13
City-State-Zip: TURGEAU NA WI

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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: EDME IVENCIA

ED

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CFO
Name CIME, PATRICK
Address 11251 PALM BEACH LAKES
City-State-Zip: 33239 FL 33402