

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

DOCUMENT# N13000004934

**FILED  
Apr 10, 2014  
Secretary of State  
CC3869741195**

**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

*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: MARC ETIENNE**

**PRESIDENT**

**04/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date