

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001482

Entity Name: COPASSION INC.

Current Principal Place of Business:

2074 FOREST GATE DRIVE EAST
JACKSONVILLE, FL 32246

Current Mailing Address:

2074 FOREST GATE DRIVE EAST
JACKSONVILLE, FL 32246 US

FEI Number: 46-4922918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRICKLAND, RAYMOND N III
2074 FOREST GATE DRIVE EAST
JACKSONVILLE, FL 32246 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 STRICKLAND, RAYMOND N III
Address 2074 FOREST GATE DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32246

Title T
Name BROWN, GORDON E
Address 12939 PLANTERS CREEK CIR S
City-State-Zip: JACKSONVILLE FL 32224

Title S
Name STRICKLAND, MELISSA G
Address 2074 FOREST GATE DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32246

Title VP
Name SCHRIEBER, GLEN A
Address 1380 SUN MARSH DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name MOFFATT, SCOTT M
Address 3845 NW 34TH PLACE
City-State-Zip: GAINESVILLE FL 32606

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: RAYMOND STRICKLAND

PRESIDENT

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date