

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001482

**Entity Name:** COPASSION INC.

**Current Principal Place of Business:**

7235 BENTLEY RD  
SUITE 101  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4320 DEERWOOD LAKE PARKWAY,  
SUITE 101-310  
JACKSONVILLE, FL 32216 US

**FEI Number: 46-4922918**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

STRICKLAND, RAYMOND N III  
7235 BENTLEY RD  
SUITE 101  
JACKSONVILLE, FL 32256 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 7235 BENTLEY RD  
SUITE 101  
City-State-Zip: JACKSONVILLE FL 32256

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

Title VP  
Name BRADY, KYLE  
Address 2221 ALICIA LANE  
City-State-Zip: ATLANTIC BEACH FL 32233

*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 N. STRICKLAND, III**

**PRESIDENT**

**01/25/2022**

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

\_\_\_\_\_  
Date