

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000931

FILED
Apr 19, 2016
Secretary of State
CC4063078211

Entity Name: COMPASSIONATE FAMILIES, INC.

Current Principal Place of Business:

126 W ADAMS ST.
SUITE 502
JACKSONVILLE, FL 32202

Current Mailing Address:

126 W. ADAMS STREET
SUITE 502
JACKSONVILLE, FL 32202 US

FEI Number: 59-3504148

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MITCHELL, RICHARD G
126 W ADAMS ST.
SUITE 502
JACKSONVILLE, FL 32202 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: RICHARD G. MITCHELL

04/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name DOWANA, SHAMIEKA 'CJ'
Address 126 W ADAMS ST.
SUITE 502
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MCQUEEN, DANIELLE
Address 126 W ADAMS ST.
SUITE 502
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name PETERS-WASHINGTON, EVELYN
Address 126 W ADAMS ST.
SUITE 502
City-State-Zip: JACKSONVILLE FL 32202

Title VC
Name STICKLER, DAVID
Address 126 W ADAMS ST.
SUITE 502
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name SHAHID, RASHAD
Address 126 W ADAMS ST.
SUITE 502
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name DECLUE, LORI
Address 126 W ADAMS ST.
SUITE 502
City-State-Zip: JACKSONVILLE FL 32202

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: DAVID STICKLER

VICE CHAIRMAN

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date