

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

DOCUMENT# N98000000931

**Entity Name:** COMPASSIONATE FAMILIES, INC.

**Current Principal Place of Business:**

218 BROAD STREET N  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

218 BROAD STREET N  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-3504148**

**Certificate of Status Desired: Yes**

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

MITCHELL, RICHARD G  
218 BROAD STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name CHADEAYNE, CATHERINE  
Address 218 BROAD STREET N  
City-State-Zip: JACKSONVILLE FL 32202

Title VC  
Name DELONGIS, SHEILA  
Address 218 BROAD STREET N  
City-State-Zip: JACKSONVILLE FL 32202

Title S  
Name MITCHELL, MELISSA  
Address 218 BROAD STREET N  
City-State-Zip: JACKSONVILLE FL 32202

Title T  
Name ROSENBERG, JERRY  
Address 218 BROAD STREET N  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name MCQUEEN, DANIELLE  
Address 218 BROAD STREET N  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name BROOKS, MARGIE  
Address 218 BROAD STREET N  
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: CATHERINE CHADEAYNE**

**BOARD CHAIR**

**04/21/2014**

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

\_\_\_\_\_  
Date