

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000931

Entity Name: COMPASSIONATE FAMILIES, INC.

Current Principal Place of Business:

126 W ADAMS ST.
SUITE 502
JACKSONVILLE, FL 32202

FILED
Oct 23, 2015
Secretary of State
CR3101301331

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
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

10/23/2015

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

Title DIRECTOR
Name WILLIAMS , HELEN
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

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: EVELYN PETERS-WASHINGTON

DIRECTOR

10/23/2015

Electronic Signature of Signing Officer/Director Detail

Date