

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006226

Entity Name: COMPASSION & CHOICES (INCORPORATED)**Current Principal Place of Business:**8156 S WADSWORTH BLVD
E-162
LITTLETON, CO 80128**Current Mailing Address:**8156 S WADSWORTH BLVD
E-162
LITTLETON, CO 80128 US**FEI Number:** 84-1328829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GROVE, MARY
2227 NOTTINGHAM RD
LAKELAND, FL 33803-3523 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	VC
Name	HOYT, NANCY
Address	8156 S WADSWORTH BLVD E-162
City-State-Zip:	LITTLETON CO 80128

Title	CFO
Name	CAMPBELL, MARCIA A
Address	8156 S WADSWORTH BLVD E-162
City-State-Zip:	LITTLETON CO 80128

Title	PRESIDENT
Name	LEE, BARBARA C
Address	8156 S WADSWORTH BLVD E-162
City-State-Zip:	LITTLETON CO 80128

Title	CHAIR OF THE BOARD
Name	COOK, DAVID
Address	8156 S WADSWORTH BLVD E-162
City-State-Zip:	LITTLETON CO 80128

Title	TREASURER
Name	DUCKER, JAREN
Address	8156 S WADSWORTH BLVD E-162
City-State-Zip:	LITTLETON CO 80128

Title	SECRETARY
Name	HUT, STEPHEN
Address	8156 S WADSWORTH BLVD E-162
City-State-Zip:	LITTLETON CO 80128

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: MARCIA A CAMPBELL

CFO

01/17/2018

Electronic Signature of Signing Officer/Director Detail_____
Date