

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704016

FILED
Jan 08, 2004
Secretary of State**Entity Name:** COMPASS ROSE FOUNDATION, INC.**Current Principal Place of Business:**1685 MEDICAL LANE
FT. MYERS, FL 339071157 US**New Principal Place of Business:****Current Mailing Address:**1685 MEDICAL LANE
FT. MYERS, FL 339071157 US**New Mailing Address:****FEI Number:** 59-0972013**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JONES, GREGORY H.
1685 MEDICAL LANE
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: JONES, DONALD C.
Address: 1685 MEDICAL LANE
City-St-Zip: FORT MYERS, FL 33907**Title:** CD () Delete
Name: DEVAUX, DOUGLAS,
Address: 7855 126TH AVENUE NORTH
City-St-Zip: LARGO, FL**Title:** PD () Delete
Name: JONES, GREGORY H.
Address: 1685 MEDICAL LANE
City-St-Zip: FT MYERS, FL 33907**Title:** D () Delete
Name: JOHNSTON, DEAN
Address: 5266 HOLLISTER AVE, BLDG 11
City-St-Zip: SANTA BARBARA, CA**Title:** T () Delete
Name: JONES, SHARON B.
Address: 1685 MEDICAL LANE
City-St-Zip: FT MYERS, FL 33907**Title:** D () Delete
Name: HUSTON, JOHN
Address: 1801 E. KIMBERLY RD
City-St-Zip: DAVENPORT, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY H. JONES

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date