2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# 704016

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 ( )**

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:	MR	( ) Delete
Name:	JONES, DONALD C CEO	
Address:	1685 MEDICAL LANE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MR	( ) Delete
Name:	JONES, GREGORY H PRES	
Address:	1685 MEDICAL LANE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MRS	( ) Delete
Name:	JONES, SHARON B TREAS	
Address:	1685 MEDICAL LANE	
City-St-Zip:	FT MYERS, FL 33907	
Title:	MR	( ) Delete
Name:	SLATER, WAYNE A COO	
Address:	3910 RIGA BOULEVARD	
City-St-Zip:	TAMPA, FL 33619	
Title:	MR	(X) Delete
Name:	ASHLEY, RICHARD W SEC	
Address:	1685 MEDICAL LANE	
City-St-Zip:	FORT MYERS, FL 33907	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CEO	(X) Change ( ) Addition
Name:	JONES, DONALD C	
Address:	1685 MEDICAL LANE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	PRES	(X) Change ( ) Addition
Name:	JONES, GREGORY H	
Address:	1685 MEDICAL LANE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	TREA	(X) Change ( ) Addition
Name:	JONES, SHARON B	
Address:	1685 MEDICAL LANE	
City-St-Zip:	FT MYERS, FL 33907	
Title:	ASEC	(X) Change ( ) Addition
Name:	TIMOTHY, TOM	
Address:	3910 RIGA BLVD	
City-St-Zip:	TAMPA, FL 33916	
Title:		( ) Change ( ) Addition
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 Chapter 119, 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: DONALD C. JONES CEO 01/09/2007
Electronic Signature of Signing Officer or Director — Date