

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 704016

1. Entity Name
COMPASS ROSE FOUNDATION, INC.



Principal Place of Business

1685 MEDICAL LANE
FT. MYERS, FL 33907-1157 US

Mailing Address

1685 MEDICAL LANE
FT. MYERS, FL 33907-1157 US



03042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0972013

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, GREGORY H
1685 MEDICAL LANE
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000854673
03/27/08-80016-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	JONES, DONALD C
STREET ADDRESS	1685 MEDICAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	PRES
NAME	JONES, GREGORY H
STREET ADDRESS	1685 MEDICAL LANE
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	TREA
NAME	JONES, SHARON B
STREET ADDRESS	1685 MEDICAL LANE
CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	ASEC
NAME	TIMOTHY, TOM
STREET ADDRESS	3910 RIGA BLVD
CITY-ST-ZIP	TAMPA, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 5, 2008 *239-989-4766*