2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704016

FILED Apr 15, 2009 Secretary of State

Entity Name: COMPASS ROSE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1685 MEDICAL LANE

FT. MYERS, FL 339071157 US

Current Mailing Address: New Mailing Address:

1685 MEDICAL LANE

FT. MYERS, FL 339071157 US

FEI Number: 59-0972013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, GREGORY H 1685 MEDICAL LANE

FORT MYERS, FL 33907 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CEO () Delete JONES, DONALD C Name: 1685 MEDICAL LANE Address:

City-St-Zip: FORT MYERS, FL 33907

Title: **PRES** () Delete JONES, GREGORY H Name: Address: 1685 MEDICAL LANE City-St-Zip: FORT MYERS, FL 33907

Title: TREA () Delete JONES, SHARON B Name: Address: 1685 MEDICAL LANE City-St-Zip: FT MYERS, FL 33907

Title: ASEC () Delete Name: TIMOTHY, TOM Address: 3910 RIGA BLVD City-St-Zip: TAMPA, FL 33916

Title: () Delete

Name: Address: City-St-Zip:

Title: () Delete

Name: Address: City-St-Zip:

(X) Change () Addition Name:

JONES, DONALD C

Address: 2350 BEDMAN CREEK DRIVE

City-St-Zip: ALVA, FL 33920

Title: **PRES** (X) Change () Addition

Name: JONES, GREGORY H Address: 1503 LILY POND COURT City-St-Zip: FORT MYERS, FL 33901

Title: **TREA** (X) Change () Addition

JONES, SHARON B Name: 2350 BEDMAN CREEK DRIVE Address: City-St-Zip: FT MYERS, FL 33920

Title: **ASEC** (X) Change () Addition

Name: TIMOTHY, TOM 2149 BRANDON PARK CR Address: City-St-Zip: BRANDON, FL 33510 US

Title: () Change (X) Addition

DEVAUX, DOUGLAS Name: 3693 IMPERIAL RIDGE Address: City-St-Zip: PALM HARBOR, FL 34684 US

Title: () Change (X) Addition

HUSTON, JOHN Name:

Address: 4255 GULF SHORE BLVD, N #7022

NAPLES, FL 34103 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY H. JONES **PRES** 04/15/2009