FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L56065** **(0)**

1. Corporation Name
COMPASSION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~3029 PLACID VIEW DR~~ ~~LAKE PLACID FL 33852~~	~~3029 PLACID VIEW DR~~ ~~LAKE PLACID FL 33852~~

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21: 2282 S.E. 27 DRIVE
22: Suite, Apt. #, etc.
23: City & State: HOMESTEAD, FLORIDA
24: Zip: 33035
25: Country: DADE

2a. Mailing Address
26: 2282 S.E. 27 DRIVE
27: Suite, Apt. #, etc.
28: City & State: HOMESTEAD, FLORIDA
29: Zip: 33035
30: Country: DADE

4. FEI Number: 59-2996043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GISSENDANNER, ELTON
~~8029 PLACID VIEW DR~~
~~LAKE PLACID FL 33852~~
2282 SE. 27 DRIVE
HOMESTEAD, FLORIDA 33035

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elton Gissendanner 4/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	GISSENDANNER, ELTON J	1.2 NAME	PRESIDENT
STREET ADDRESS	3029 PLACID VIEW DR	1.3 STREET ADDRESS	GISSENDANNER, ELTON J.
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	2282 SE. 27 DRIVE HOMESTEAD, FLORIDA 33035
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Elton Gissendanner 4/8/95 305-230-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446901 FP