

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

DOCUMENT # N00000001595

1. Entity Name

COMPASSION CONNECTION INT'L INC.



Principal Place of Business

2889 W BROWARD BLVD
FORT LAUDERDALE FL 33311

Mailing Address

4021 N.E. 2ND TERRACE
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

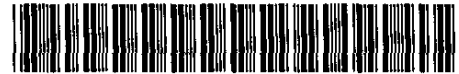
City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0997642

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, DESRENE A
4021 N.E. 2ND TERRACE
POMPANO BEACH FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ALLEN, DESRENE A
STREET ADDRESS 4021 N.E. 2ND TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VP ☐ Delete
NAME WHITE, TAMAR
STREET ADDRESS 6201 NW 18TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL 33313

TITLE S ☐ Delete
NAME EDWARDS, SANDRA M
STREET ADDRESS 6552 SW 8 CT
CITY-ST-ZIP POMPANO BEACH FL 33068

TITLE TD ☐ Delete
NAME HIBBERT, ELVENA
STREET ADDRESS 3370 NW 14TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE D ☐ Delete
NAME ALLEN, KEITH
STREET ADDRESS 4021 N.E. 2ND TERRACE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☒ Delete
NAME CARTER, OLIVE
STREET ADDRESS 2889 W BROWARD BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Kirk Trenchfield
STREET ADDRESS 2889 W Broward Blvd
CITY-ST-ZIP Fort Lauderdale FL 33311

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Desrene Allen

DESRENE A ALLEN

5/10/04 954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #