

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4021 NE 2nd Way

Deerfield Bch

Florida

33064

Broward



1st MOORE

CR2E037 (10/05)

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

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

7. Name and Address of New Registered Agent

Name **DESRENE A ALLEN**

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

4021 N.E. 2ND WAY

City **Deerfield Beach FL**

Zip Code **33064**

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

Desrene Allen

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **WILLIAMS, ERRIN**
STREET ADDRESS **364B NE 63 CT**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **S** ☐ Delete
NAME **ABRAHAMS, INGRID**
STREET ADDRESS **8800 ROYAL PALM**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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 **FRIDAY, THOMAS**
STREET ADDRESS **9861 NW 5TH CT**
CITY-ST-ZIP **PLANTATION FL 33324**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **Desrene A Allen**
STREET ADDRESS **4021 NE 2nd way**
CITY-ST-ZIP **Deerfield Bch. 33064**

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 **Allen Keith**
STREET ADDRESS **4021 N.E. 2nd Way**
CITY-ST-ZIP **Deerfield Bch 7133064**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Desrene Allen