2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State
09-08-2003 90294 001 *****8.75
09-08-2003 90294 002 ****61.25

DOCUMENT # N00000001595

1. Entity Name
COMPASSION CONNECTION INT'L INC.

Principal Place of Business	Mailing Address
2889 W BROWARD BLVD FORT LAUDERDALE FL 33311	4021 N.E. 2ND TERRACE POMPANO BEACH FL 33064

2889 W Broward Blvd

2. Principal Place of Business	3. Mailing Address
	4021 NE 2nd Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL 33311	City & State: Pompano Beach
Zip: 33311 Country: Broward	Zip: 33064 Country: Broward

[redacted]

☑ CHECK HERE IF MAKING CHANGES

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 Desrene Allen President 07-15-03
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. After September 10, 2003; min will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEN, DESRENE A 4021 N.E. 2ND TERRACE POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NAIRNE, OSWALD L 3724 JACKSON BLVD FORT LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tamar White 6201 NW 18th Place Sunrise Fla 33313	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCKENUFF, VENICE 4021 NE 2ND TERRACE POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sandra M Edwards 6552 SW 8 Ct N Lauderdale Fl 33068	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HIBBERT, ELVENA 3370 NW 14TH PLACE FORT LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, KEITH 4021 N.E. 2ND TERRACE POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAIRNE, JOYCE 3724 JACKSON BLVD FORT LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Olive Carter 2889 W Broward Blvd Fort Lauderdale Fl 33311	☑ Change ☐ Addition

CR2E037 (4/03)

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 REQUIRED DESRENE A ALLEN 8-15-03 954 366-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #