

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90779 033 \*\*\*\*70.00

**DOCUMENT # N02000009207**

1. Entity Name

COMPASSION FOR-DEAF INTERNATIONAL, INC.



Principal Place of Business

333 LAURINA STREET  
APT #245  
JACKSONVILLE FL 32216

Mailing Address

333 LAURINA STREET  
APT #245  
JACKSONVILLE FL 32216

2. Principal Place of Business

333 LAURINA STREET

Suite, Apt. #, etc.

APT. # 210

City & State

JACKSONVILLE FL

Zip 32216

Country

USA

3. Mailing Address

333 LAURINA STREET

Suite, Apt. #, etc.

APT. # 210

City & State

JACKSONVILLE FL

Zip 32216

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

11-3647141

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, TIMOTHY S DR.  
333 LAURINA STREET  
APT #245  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

BROWN, TIMOTHY S DR.

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

333 LAURINA STREET

APT # 210

City

JACKSONVILLE

FL

Zip Code

32216

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 *Dr Timothy S. Brown* DR. Timothy S. Brown

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 D ☐ Delete

NAME HOWARD, MCKINLEY SR., REV

STREET ADDRESS 4110 MONCRIEF ROAD

CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE SD ☐ Delete

NAME BROWN, NATALYA

STREET ADDRESS 333 LAURINA STREET APT #245

CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE TD ☐ Delete

NAME WELTER, GARY-REV.

STREET ADDRESS 210 CYPRESS ROAD

CITY-ST-ZIP ST. AUGUSTINE FL 32036

TITLE P ☐ Delete

NAME BROWN, TIMOTHY S DR.

STREET ADDRESS 333 LAURINA STREET APT #245

CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

*Dr Timothy S. Brown* DR. Timothy S. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 726-0810