

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

04-28-2003 91519 009 ****70.00
FILE NO2000009207

DOCUMENT # N02000009207

1. Entity Name

COMPASSION FOR DEAF INTERNATIONAL, INC.

COMPASSION FOR THE DEAF INTERNATIONAL, INC.



03 MAY 14 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5445 MATANZAS CIRCLE
JACKSONVILLE FL 32211

Mailing Address

5445 MATANZAS CIRCLE
JACKSONVILLE FL 32211

2. Principal Place of Business

333 LAURINA STREET

3. Mailing Address

333 LAURINA STREET

Suite, Apt. #, etc.

APT. # 245

Suite, Apt. #, etc.

APT. # 245

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

EIN 11-3647141

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROWN, TIMOTHY S DR.
5445 MATANZAS CIRCLE
JACKSONVILLE FL 32211

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. #245

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 (PRESIDENT)

4/25/03

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

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	<input type="checkbox"/> Delete
NAME	HOWARD, MCKINLEY SR., REV	
STREET ADDRESS	4110 MONCRIEF ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, NATALYA	
STREET ADDRESS	5445 MATANZAS CIRCLE	
CITY - ST - ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELTER, GARY REV.	
STREET ADDRESS	210 CYPRESS ROAD	
CITY - ST - ZIP	ST. AUGUSTINE FL 32036	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, TIMOTHY S DR.	
STREET ADDRESS	5445 MATANZAS CIRCLE	
CITY - ST - ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, NATALYA	
STREET ADDRESS	333 LAURINA STREET APT. #245	
CITY - ST - ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TIMOTHY S. DR.	
STREET ADDRESS	333 LAURINA STREET APT. #245	
CITY - ST - ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

Dr. Timothy S. Brown

DR. TIMOTHY S. BROWN (PRESIDENT)

4/25/03

(904) 726-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)