

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000148

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** COMPASS COMMUNITY CHURCH, INCORPORATED

**Current Principal Place of Business:**

207 SEMORAN COMMERCE PL  
APOPKA, FL 32703

**New Principal Place of Business:**

9635 BEAR LAKE ROAD  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 162504  
ALTAMONTE SPRINGS, FL 32716 25

**New Mailing Address:**

9635 BEAR LAKE ROAD  
APOPKA, FL 32703

**FEI Number:** 42-1568317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEE ANN, FREEMAN-COLE  
207 SEMORAN COMMERCE PL  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

FREEMAN-COLE, LEE A  
100 S. HUGHEY AVE.  
ORLANDO, FL 32801 US

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.

**SIGNATURE:** LEE ANN FREEMAN-COLE

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** RICHARD, SERRA S  
**Address:** 1329 RADCLYFFE RD.  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** D  
**Name:** HOUGH, HARRY  
**Address:** 4302 D LAKE UNDERHILL  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** T  
**Name:** FREEMAN COLE, LEE A  
**Address:** 100 S HUGHEY AVE  
**City-St-Zip:** ORLANDO, FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LEE ANN FREEMAN-COLE

T

01/05/2011

Electronic Signature of Signing Officer or Director

Date