


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000008005	
1. Entity Name COMPASSION MINISTRY OF FLORIDA, INC.	

Principal Place of Business 106 DR. MARTIN LUTHER KING, JR. AVENUE WILDWOOD, FL 34785	Mailing Address 106 DR. MARTIN LUTHER KING, JR. AVENUE WILDWOOD, FL 34785
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04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2468813	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BULMER, NORMAN PASTOR 106 DR. MARTIN LUTHER KING, JR. AVENUE WILDWOOD, FL 34785

DO NOT WRITE IN THIS SPACE

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 <small>Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PEXD
NAME	BULMER, NORMAN PASTOR
STREET ADDRESS	106 DR. MARTIN LUTHER KING, JR. AVENUE
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	V
NAME	SOLOMON, CYNTHIA
STREET ADDRESS	9625 NE 15TH STREET
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	D
NAME	COLON, WILFREDO PASTOR
STREET ADDRESS	106 DR. MARTIN LUTHER KING, JR. AVENUE
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	D
NAME	TARVER, MARGARET
STREET ADDRESS	331 NW 87TH ROAD
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	D
NAME	SOLOMON, LEVI MR.
STREET ADDRESS	10101 COUNTY ROAD 237
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<p>UD00000362663 05/05/05-80127-005 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Norman Bulmer</i>	<i>Norman Bulmer</i> 4/30/05 352-330-1505
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>