


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000008005</b> 1. Entity Name COMPASSION MINISTRY OF FLORIDA, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2468813	Applied For 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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEXD BULMER, NORMAN PASTOR 106 DR. MARTIN LUTHER KING, JR. AVENUE WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOLOMON, CYNTHIA 9625 NE 15TH STREET WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, WILFREDO PASTOR 106 DR. MARTIN LUTHER KING, JR. AVENUE WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARVER, MARGARET 331 NW 87TH ROAD WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, LEVI MR. 10101 COUNTY ROAD 237 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000763369  
05/30/07-80002-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Norman Bulmer **5/1/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #