


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90222 024 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2468813	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BULMER, NORMAN PASTOR 106 DR. MARTIN LUTHER KING, JR. AVENUE WILDWOOD, FL 34785				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PEXD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULMER, NORMAN PASTOR			NAME	
STREET ADDRESS	106 DR. MARTIN LUTHER KING, JR. AVENUE			STREET ADDRESS	
CITY - ST - ZIP	WILDWOOD, FL 34785			CITY - ST - ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, CYNTHIA			NAME	
STREET ADDRESS	9625 NE 15TH STREET			STREET ADDRESS	
CITY - ST - ZIP	WILDWOOD, FL 34785			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, WILFREDO PASTOR			NAME	
STREET ADDRESS	106 DR. MARTIN LUTHER KING, JR. AVENUE			STREET ADDRESS	
CITY - ST - ZIP	WILDWOOD, FL 34785			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVER, MARGARET			NAME	
STREET ADDRESS	331 NW 87TH ROAD			STREET ADDRESS	
CITY - ST - ZIP	WILDWOOD, FL 34785			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, LEVI MR.			NAME	
STREET ADDRESS	10101 COUNTY ROAD 237			STREET ADDRESS	
CITY - ST - ZIP	OXFORD, FL 34484			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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: <i>Norman Bulmer</i> Norman Bulmer				4/29/08 352-303-5606	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	