

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008005

FILED
Apr 29, 2009
Secretary of State

Entity Name: COMPASSION MINISTRY OF FLORIDA, INC.

Current Principal Place of Business:

106 DR. MARTIN LUTHER KING, JR. AVENUE
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

106 DR. MARTIN LUTHER KING, JR. AVENUE
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 56-2468813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULMER, NORMAN PASTOR
106 DR. MARTIN LUTHER KING, JR. AVENUE
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PEXD () Delete
Name: BULMER, NORMAN PASTOR
Address: 106 DR. MARTIN LUTHER KING, JR. AVENUE
City-St-Zip: WILDWOOD, FL 34785

Title: V () Delete
Name: SOLOMON, CYNTHIA
Address: 9625 NE 15TH STREET
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: COLON, WILFREDO PASTOR
Address: 106 DR. MARTIN LUTHER KING, JR. AVENUE
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: TARVER, MARGARET
Address: 331 NW 87TH ROAD
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: SOLOMON, LEVI MR.
Address: 10101 COUNTY ROAD 237
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMAN BULMER

PEXD

04/29/2009

Electronic Signature of Signing Officer or Director

Date