


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90284 016 ****70.00

DOCUMENT # N04000010858	
1. Entity Name COMPASSIONATE VOLUNTEER ALLIANCE, INC.	

Principal Place of Business 1972 SARNO RD. MELBOURNE, FL 32935	Mailing Address 102 E. NEW HAVEN AVE. PMB 141 MELBOURNE, FL 32901
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14011035



2. Principal Place of Business 1135 N. WICKHAM RD.	3. Mailing Address 1135 N. WICKHAM RD
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Suite, Apt. #, etc. #65	Suite, Apt. #, etc. #65
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04202005 Chg-NP CR2E037 (10/03)

City & State MELBOURNE, FLORIDA	City & State MELBOURNE, FLORIDA
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4. FEI Number 75-3170610	Applied For Not Applicable
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Zip 32935	Country USA	Zip 32935	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALENTINE, SHELLY
1972 SARNO RD.
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name SHELLY VALENTINE
Street Address (P.O. Box Number is Not Acceptable)
1135 N. WICKHAM RD #65
City MELBOURNE FL 32935

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 SHELLY VALENTINE Shelly Valentine 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, SHELLY 1972 SARNO RD. MELBOURNE, FL 32935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRAS, JUAN 1337 CROMLEY RD. PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, ALAN 1650 GLENCOVE AVE. PALM BAY, FL 32907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10


TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSEY, DOUG 800 S. BABCOCK ST. MELBOURNE, FL. 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ST. DENIS, ROGER 5042 HUNTERS RIDGE DR. APT. 163 MAILBOX #3 NEWPORT RICHLIE, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMSEY, ALAN 1650 GLENCOVE AVE PALM BAY, FLORIDA 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALENTINE, SHELLY 1135 N. WICKHAM RD #65 MELBOURNE, FLORIDA 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G GONZALEZ, NILVA 1758 MACKLIN ST. N.W. PALM BAY, FLORIDA 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIETO, ROBERT 6326 GREENWOOD VILLAGE BLVD MELBOURNE, FLORIDA 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SHELLY VALENTINE Shelly Valentine 4/25/05 321-757-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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Principal Place of Business 1972 SARNO RD. MELBOURNE, FL 32935		Mailing Address 102 E. NEW HAVEN AVE. PMB 141 MELBOURNE, FL 32901	
2. Principal Place of Business 1135 N. WICKHAM RD. Suite, Apt. #, etc. # 65 City & State MELBOURNE, FLORIDA Zip 32935		3. Mailing Address 1135 WICKHAM RD. Suite, Apt. #, etc. # 65 City & State MELBOURNE, FLORIDA Zip 32935	
4. FEI Number 75-3170610		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 VALENTINE, SHELLY 1972 SARNO RD. MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Shelly Valentine Street Address (P.O. Box Number is Not Acceptable) 1135 N. WICKHAM RD # 65 City MELBOURNE, FLORIDA FL Zip Code 32935	
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 Shelly Valentine SHELLY VALENTINE DATE 4/25/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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SIGNATURE: Shelly Valentine SHELLY VALENTINE		Date 4/25/05 (321) 757-5833	