

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006379

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** COMPASSIONATE CARE MINISTRIES, INC.

**Current Principal Place of Business:**

255 BELLBROOK STREET SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

255 BELLBROOK STREET SE  
PALM BAY, FL 32909

**New Mailing Address:**

**FEI Number:** 51-0546645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TREMENTOZZI, JOSEPH  
255 BELLBROOK STREET SE  
PALM BAY, FL 32909 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: P ( ) Delete  
Name: TREMENTOZZI, ANN  
Address: 255 BELLBROOK STREET SE  
City-St-Zip: PALM BAY, FL 32909

Title: V ( ) Delete  
Name: TREMENTOZZI, JOSEPH  
Address: 255 BELLBROOK STREET SE  
City-St-Zip: PALM BAY, FL 32909

Title: T ( ) Delete  
Name: MEDLEY, MICHAEL  
Address: 9782 SCRIBNER LANE  
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete  
Name: MEDLEY, DIANE  
Address: 9782 SCRIBNER LANE  
City-St-Zip: WELLINGTON, FL 33414

**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:

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: JOSEPH TREMENTOZZI

V

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date