

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006622

FILED
Mar 29, 2007
Secretary of State

Entity Name: COMPASSION TAMPA, INC.

Current Principal Place of Business:

6310 E SLIGH AVE
TAMPA, FL 33617

New Principal Place of Business:

6422 HARNEY ROAD
TAMPA, FL 33610

Current Mailing Address:

6310 E SLIGH AVE
TAMPA, FL 33617

New Mailing Address:

7009 CONIFER DRIVE
TAMPA, FL 33637

FEI Number: 20-3451218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STUTTS, CLYDE
6310 E SLIGH AVE
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

STUTTS, CLYDE
7009 CONIFER DRIVE
TAMPA, FL 33637 US

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: CLYDE H. STUTTS

03/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEATH, CRAIG
Address: 6310 E SLIGH AVE
City-St-Zip: TAMPA, FL 33617

Title: VSD () Delete
Name: STUTTS, CLYDE
Address: 6310 EAST SIGH AVE
City-St-Zip: TAMPA, FL 33617

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STUTTS, CLYDE H
Address: 7009 CONIFER DRIVE
City-St-Zip: TAMPA, FL 33637

Title: VD (X) Change () Addition
Name: FRANKS, DEGRANDO
Address: 7009 CONIFER DRIVE
City-St-Zip: TAMPA, FL 33637

Title: SD () Change (X) Addition
Name: KINSER, MICHELE
Address: 7009 CONIFER DRIVE
City-St-Zip: TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the 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: CLYDE H. STUTTS

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date