

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008180

Entity Name

COMPASSION LOVE CENTER INC.



FILED
06 MAR 16 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162006 Chg-NP CR2E037 (11/05)

4. FEI Number

42-1677350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, CHARLES
702 NE AGGIE AVE
LAKE CITY, FL 32055

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

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, 2006

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 P ☐ Delete
NAME MARTIN, CHARLES
STREET ADDRESS 702 NE AGGIE AVE
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE V ☐ Delete
NAME MARTIN, PHYLLIS
STREET ADDRESS 702 NE AGGIE AVE
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ST ☐ Delete
NAME WILLIAMS, SHATONIA
STREET ADDRESS 702 NE AGGIE AVE
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Sandra Price
STREET ADDRESS 500 N.W. Parmer Ave.
CITY-ST-ZIP Lake City, FL 32055

TITLE ☐ Change ☒ Addition
NAME Kim Rudolph
STREET ADDRESS 1800 SW 15th Ave
CITY-ST-ZIP Lake City, FL

TITLE ☐ Change ☒ Addition
NAME EDWARD GILBERT
STREET ADDRESS 254 SE MURRAY TERR
CITY-ST-ZIP LAKE CITY, FLA 32025

TITLE ☐ Change ☒ Addition
NAME B.M. SOUTH GILBERT
STREET ADDRESS 254 SE MURRAY TERR
CITY-ST-ZIP LAKE CITY, FLA. 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Charles Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-16-06

386-288-0096

Daytime Phone #

M. Williams MAR 16 2006