
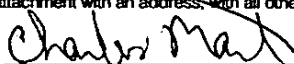


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90855 003 ****61.25

DOCUMENT # N05000008180 1. Entity Name COMPASSION LOVE CENTER INC.					
Principal Place of Business 702 NE AGGIE AVE LAKE CITY, FL 32055			Mailing Address 702 NE AGGIE AVE LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	P	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, CHARLES		NAME	GILBERT, SONJA	
STREET ADDRESS	702 NE AGGIE AVE		STREET ADDRESS	460 SW ALACHUA AVE	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, PHYLLIS		NAME	PARKER, MITCH	
STREET ADDRESS	702 NE AGGIE AVE		STREET ADDRESS	315 NE LEON STREET	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SHATONIA		NAME		
STREET ADDRESS	702 NE AGGIE AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, SANDRA		NAME		
STREET ADDRESS	500 N.W PARNELL AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLPH, KIM		NAME		
STREET ADDRESS	1880 JUDY GLEN		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, EDWARD		NAME		
STREET ADDRESS	254 SE MURRAY TERRACE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		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 President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-27-07</u> Daytime Phone #		