2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOC! IMENT # N05000008180



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

1. Eratity Name COMPASSION LOVE CENTER INC.							04-30-2	2007 9	90855 (003 ****6	51.25			
702 NE AGGIE AVE 702				Mailing Address 702 NE AGGIE AVE LAKE CITY, FL 32055							ktin d es t dans sk			
2. Principal F	Place of Busin	3. Mailing Address	I. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. ≢, etc.	Suite, Apt. #, etc.			04262007	Chg-NP		CR2E0	37 (12/06)			
City & State			City & State	City & State			4. FEI Numb 42-167					optied For ot Applicable		
Zīp			·		untry		<u> </u>	of Status Des			\$8.75 Ad Fee Require			
	6. Name	and Address of Current	Registered Agent				7. Name and	d Address of I	lew Re	gistered /	Agent			
MARTIN, CHARLES					Name									
702 NE AGGIE AVE LAKE CITY, FL 32055					Street Address (P.O. Box Number is Not Acceptable)									
						City					FL Zip Code			
The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.							ed agent, or bo	oth, in the State	of Flor		familiar with,	and accept		
nie odinga	lions or regist	tereu agent.												
SIGNATURE														
SIGNATURE														
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registen	ed Agent signed	ure required	when reinstating)			DATE	•••			
	Filing Fe	e is \$61.25 fay 1, 2007	9. Election Trust Fo	(NOTE: Register Campaign I nd Contribut	Financing	Dure required	\$5.00 May 6 Added to Fees	Be s		ke checi	k payable t			
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Hereby certify that the information supplied with this titing 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 cert; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date			Daytime Phone #	
SIGNATURE:	Cha	$\int_{\mathcal{M}} \int_{\mathcal{M}} \int$	at	Charles	Martin		4	_	20	1-0°)