

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008180

FILED
May 05, 2008
Secretary of State

Entity Name: COMPASSION LOVE CENTER INC.

Current Principal Place of Business:

702 NE AGGIE AVE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

702 NE AGGIE AVE
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 42-1677350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, CHARLES
Address: 702 NE AGGIE AVE
City-St-Zip: LAKE CITY, FL 32055

Title: V () Delete
Name: MARTIN, PHYLLIS
Address: 702 NE AGGIE AVE
City-St-Zip: LAKE CITY, FL 32055

Title: ST () Delete
Name: GILBERT, SONJA
Address: 460 SW ALACHUA AVE.
City-St-Zip: LAKE CITY, FL 32025

Title: T () Delete
Name: PARKER, MITCH
Address: 315 NE LEON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: VT () Delete
Name: RUDOLPH, KIM
Address: 1880 JUDY GLEN
City-St-Zip: LAKE CITY, FL

Title: BM (X) Delete
Name: GILBERT, EDWARD
Address: 254 SE MURRAY TERRACE
City-St-Zip: LAKE CITY, FL 32025

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: VT (X) Change () Addition
Name: RUDOLPH, KIM
Address: 1880 JUDY GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: BM (X) Change () Addition
Name: GILBERT, EDWARD
Address: 254 SE MURRAY TERRACE
City-St-Zip: LAKE CITY, FL 32025

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: CHARLES MARTIN

PRES

05/05/2008

Electronic Signature of Signing Officer or Director

Date