

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008180

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** COMPASSION LOVE CENTER INC.

**Current Principal Place of Business:**

349 N. MARION STREET  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

349 N. MARION STREET  
LAKE CITY, FL 32055 US

**New Mailing Address:**

**FEI Number:** 42-1677350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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  
**Name:** MARTIN, CHARLES  
**Address:** 211 S.W. TAYLOR AVE  
**City-St-Zip:** LIVE OAK, FL 32064

**Title:** T  
**Name:** GREEN, PATRICK  
**Address:** 349 N. MARION STREET  
**City-St-Zip:** LAKE CITY, FL 32055

**Title:** BM  
**Name:** MARTIN, CHAWICK  
**Address:** 349 N. MARION STREET  
**City-St-Zip:** LAKE CITY, FL 32055

**Title:** BM  
**Name:** CARSON, JOYETTE  
**Address:** 349 N. MARION STREET  
**City-St-Zip:** LAKE CITY, FL 32055

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLES MARTIN

PRES

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date