

# 2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000008180

1. Entity Name  
COMPASSION LOVE CENTER INC.



2016 OCT -3 PM 5:34

Principal Place of Business  
349 N. MARION STREET  
LAKE CITY, FL 32055 US

Mailing Address  
349 N. MARION STREET  
LAKE CITY, FL 32055 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10032016 REIN-NP

CR2E099 (12/11)

City & State

City & State

4. FEI Number  
42-1677350

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

*Charles Martin*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-3-16  
DATE

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2017, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE P  
NAME MARTIN, CHARLES ☐ Delete  
STREET ADDRESS 211 S.W. TAYLOR AVE  
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600290854736  
10/03/16--01003--006 \*\*236.25

TITLE T  
NAME GREEN, PATRICK ☐ Delete  
STREET ADDRESS 349 N. MARION STREET  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM  
NAME MARTIN, CHAWICK ☐ Delete  
STREET ADDRESS 349 N. MARION STREET  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE BM  
NAME CARSON, JOYETTE ☐ Delete  
STREET ADDRESS 349 N. MARION STREET  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

10-3-16  
DATE

E-MAIL ADDRESS