

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010567

FILED  
Mar 08, 2010  
Secretary of State

**Entity Name:** MRM COMPASSIONNATE MINISTRIES INC.

**Current Principal Place of Business:**

20373 NW 36 AVE  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

20373 NW 36 AVE  
MIAMI, FL 33056

**New Mailing Address:**

**FEI Number:** 20-3775482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORTIMER, RENEE  
20373 NW 36 AVE  
MIAMI, FL 33056 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: MORTIMER, RENEE  
Address: 20373 NW 36 AVE  
City-St-Zip: MIAMI, FL 33056

Title: V  
Name: INNOCENT, ABIMAEL  
Address: 15455 NE 6 AVENUE APT C301  
City-St-Zip: NORTH MIAMI, FL 33162

Title: T  
Name: PAUL, PIERRE H  
Address: 6400 NE MIAMI CT  
City-St-Zip: MIAMI, FL 33138

Title: S  
Name: PIERRE, PATRICIA  
Address: 19255 NE 10 AVE APT 308  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: AS  
Name: BAKER, JEAN LOUIS  
Address: 16185 NE 19 CT  
City-St-Zip: N MIAMI BEACH, FL 33162

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: RENEE MORTIMER

P

03/08/2010

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

\_\_\_\_\_  
Date