## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000011575

FILED Apr 29, 2008 Secretary of State

Entity Name: CHRIST IS MY VICTORY THE MISSION OF COMPASSION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5764 WINGATE DRIVE ORLANDO, FL 32839 **Current Mailing Address: New Mailing Address:** PO BOX 593824 ORLANDO, FL 32839 FEI Number: 22-3918148 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOLY, MARIE W PRES UTRERA, NATALIA ESQ 5764 WINGATE DRIVE 1840 CORAL WAY, 4TH FLOOR ORLANDO, FL 32839 US MIAMI, FL 33145 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: NATALIA UTRERA 04/29/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOLY, MARIE W Name: Name: 5764 WINGATE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: () Delete Title: VPD (X) Change ( ) Addition SAINTIVAL, MARIE M VP Name: SAINTIVAL, MARIE M VP Name: Address: 5764 WINGATE DRIVE Address: 6601 SYFERT CT City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839 Title: SEC () Delete Title: () Change () Addition BAPTISTE, EMELYNE JEAN Name: Name: Address: 5764 WINGATE DRIVE Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition ESTIVERNE, GUERLINE B Name: Name: ESTIVERNE, GUERLINE B 5764 WINGATE DRIVE 5033 MALLARD POND CT. Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32808 Title: () Delete Title: (X) Change ( ) Addition AUGUSTINE, CALIXTE AUGUSTIN, CALIXTE Name: Name: 5764 WINGATE DRIVE 5764 WINGATE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839 Title: () Delete Title: (X) Change ( ) Addition JACQUES, VANIA A ESTIVERNE. STEVE Name: Name: Address: 5764 WINGATE DRIVE Address: 5033 MALLARD POND CT ORLANDO, FL 32839 ORLANDO, FL 32808 City-St-Zip: 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: MARIE W. JOLY PD 04/29/2008