


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90014 013 ****61.25

DOCUMENT # N06000001237 1. Entity Name COMPASSION FOR HUMANITY OUTREACH MINISTRIES INTERNATIONAL, INC.	
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Principal Place of Business 155 NW FREDERICA AVE PALM BAY, FL 32907	Mailing Address PO BOX 110726 PALM BAY, FL 32911
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4518259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Brown VASSELL, MARVALYN B 155 NW FREDERICA AVE PALM BAY, FL 32907	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VASSELL, MARVALYN B <i>Brown, Marvalyn</i> 155 NW FREDERICA AVE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LYSTON, MICHELLE 9413 NW 42ND ST SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRANT, CAROLYN 9413 NW 42 ST SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Marvalyn Brown* 4-17-08 321-557-3864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #