

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007993

FILED
Apr 02, 2009
Secretary of State

Entity Name: COMPASSION IN ACTION MINISTRIES, INCORPORATED

Current Principal Place of Business:

110 NE 171 TERR
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

110 NE 171 TERR
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1288269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, MARIA E
110 NE 171 TERR
N MIAMI BEACH, FL 33162 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: PD () Delete
Name: ANDERSON, MARIA E
Address: 110 NE 171 TERR
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VD () Delete
Name: ANDERSON, ROBERTO
Address: 110 NE 171 TERR
City-St-Zip: N MIAMI BEACH, FL 33162

Title: SD () Delete
Name: GONZALEZ, YANARY
Address: 1600 NE 109 STREET
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: PEREZ, CARLOS
Address: 6940 N.W. 179TH STREET, #406
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: HOYOS, FRANCIA
Address: 17710 N.W. 55 AVE.
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARIA ELENA ANDERSON

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date