

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013015

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: COMPASS ROSE CHARITIES, INC.

**Current Principal Place of Business:**

500 W WESTSHORE BLVD  
STE 1015  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

500 W WESTSHORE BLVD  
STE 1015  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-8418708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWERS, JANICE  
521 PINELLAS BAY WAY  
# 409  
ST PETERSBURG, FL 33715 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: HUNTER, REGINA  
Address: 545 PINELLAS BAY WAY  
City-St-Zip: ST PETERSBURG, FL 33715

Title: TD ( ) Delete  
Name: BATTLES, MELISSA  
Address: 267 HERITAGE POINT DR  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: WATERS, MARY JANE  
Address: 154908 W HARDY DR  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: LAKE, DIANE  
Address: 4218 SAN PEDRO  
City-St-Zip: TAMPA, FL 33629

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: REGINA HUNTER

PD

04/07/2009

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

\_\_\_\_\_  
Date