2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006506

FILED May 26, 2009 Secretary of State

Entity Name: COMPASSION IN ACTION INT'L, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	17 TERRACE EAD, FL 33030		
Current Mailing Address:		New Mailing Address:	
	17 TERRACE EAD, FL 33030		
n accordan	: 26-0449044 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not recei I Address of Current Registered Agent:		() Certificate of Status Desired (X) ress of New Registered Agent:
654 NW	ILLIAMS, PALMIRA 17 TERRACE EAD, FL 33030 US		
	named entity submits this statement for the purpose of Florida.	se of changing its reg	istered office or registered agent, or bot
SIGNATU	RE:		
	Electronic Signature of Registered Agent		Date
FFICER	S AND DIRECTORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECT
ïtle:	P () Delete REYES, DAVID	Title:	() Change () Addition
ddress:	13290 SW 144 TERRACE MIAMI, FL 33186	Name: Address: City-St-Zip:	
ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	13290 SW 144 TERRACE	Address:	()Change ()Addition
ddress: ity-St-Zip: itle: ame: ddress:	13290 SW 144 TERRACE MIAMI, FL 33186 VP () Delete BLACK, RANDALL 261 COOPER DRIVE	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition
ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	13290 SW 144 TERRACE MIAMI, FL 33186 VP () Delete BLACK, RANDALL 261 COOPER DRIVE STUARTS DRAFT, VA 24477 S () Delete REYES-WILLIAMS, PALMIRA 1654 NW 17 TERRACE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	13290 SW 144 TERRACE MIAMI, FL 33186 VP () Delete BLACK, RANDALL 261 COOPER DRIVE STUARTS DRAFT, VA 24477 S () Delete REYES-WILLIAMS, PALMIRA 1654 NW 17 TERRACE HOMESTEAD, FL 33030 T () Delete GLEASON, MARY ANN 9846 HAMMOCKS BLVD. UNIT #106	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	()Change()Addition

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: PALMIRA REYES-WILLIAMS SEC 05/26/2009