

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001857

FILED
Feb 22, 2012
Secretary of State

Entity Name: THE COMPASSIONATE CURE FOUNDATION, INC.

Current Principal Place of Business:

4624 TINSLEY DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

4624 TINSLEY DRIVE
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 45-1208427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, KIMBERLY
4624 TINSLEY DRIVE
ORLANDO, FL 32839 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: PRES
Name: RUSSELL, KIMBERLY
Address: 4624 TINSLEY DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: MVP
Name: GIESEGH, JOSHUA
Address: 11138 RIVER GROVE DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: AVP
Name: HAMAD, CYNTHIA
Address: 8956 108TH AVE.N.
City-St-Zip: SEMINOLE, FL 33777

Title: SEC
Name: HASTINGS, KELLI
Address: 523 HIGHLAND AVE.
City-St-Zip: ORLANDO, FL 32801

Title: EVP
Name: CREEL, MICHAEL
Address: 709 ADIRONDACK AVE.
City-St-Zip: ORLANDO, FL 32807

Title: TRES
Name: ALTER, KURT
Address: 1201 S. ORLANDO AVE., SUITE 400
City-St-Zip: ORLANDO, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY RUSSELL

PRES

02/22/2012

Electronic Signature of Signing Officer or Director

Date