

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004547

FILED
Apr 30, 2012
Secretary of State

Entity Name: COMPASSIONATE CARE AND RESTORATION MINISTRIES INC.

Current Principal Place of Business:

1008 WYOMING AVE
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

1008 WYOMING AVE
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 45-2179887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRISSETT, ALEXANDER H
1008 WYOMING AVE
FORT LAUDERDALE, FL 33312 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: P
Name: BRISSETT, ALEXANDER H
Address: 1008 WYOMING AVE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: V P
Name: BRISSETT, TATLYN
Address: 1008 WYOMING AVE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: V P
Name: LAWRENCE, ABBEY
Address: 1332 AVON LANE APT 31
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: TREA
Name: HYACINTH, RICHARD-SIMPSON
Address: 2620 N.W. 42 TERRENCE
City-St-Zip: LAUDERHILL, FL 33313 US

Title: SECT
Name: VINNETT, CHARLES
Address: 3811 N.W. 25TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33311 US

Title: C
Name: OLIVE, GLENN
Address: 2141 S.W. BRISBANE STREET
City-St-Zip: PORT ST LUCY, FL 34984 US

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: ALEXANDER BRISSETT

P

04/30/2012

Electronic Signature of Signing Officer or Director

_____ Date