FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N95000004922 (9)

COMPASSION MINISTRIES, INC.

FILED Mar 19 1998 8:00am Secretary of State

A CONTRACTOR OF THE PROPERTY O

Principal Place of Business Mailing Address								
2365 8W 18TH STREET APT. 412 IAMI FL 33175	12365 SW 18TH STREET APT. 412 MIAMI FL 33175			3. Date Incorporated or Qualified 10/17/1995				
	·			4. FEI Number 65-0622834	Applied For Not Applicable			
Principal Place of Business 1066 N. Kendall Dr.	28 Mailing Address 28 1/762 N. Kend	All D) _y .	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Sulte, Apt. #, etc. Suife 210	Suite, Apt. #, etc. 27			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & State HiAHi, F/.				7. Is this nonprofit corporation a homeowners association?				
Zip Country 25		Country	·A ·	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent			
NIMEZ ALEJANODO		1.1	Name	/50 Par No. 10 Apr 4				

NUNEZ, ALEJANDRO 6361 SUNSET DRIVE SOUTH MIAMI FL 33143

1000年 1000年

	63			
	3	City	85	Zip Code
he a	bove	e-named corporation submits this statement for the purpose of c	han	ging its registered

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

-					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE	E: Registered Agent signature requir	red when reinstellan)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	PD DELETE	1.1 TITLE		☐ Change	Additio
NAME	ARROYO, RUBEN REV.	1.2 NAME	•		
STREET ADDRESS	1 a.i and and an area	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY - ST - ZIP			
TITLE	SD DELETE	2.1 TITLE		Change	Additio
NAME	RIVERA, LOURDES I REV.	2.2 NAME			
STREET ADDRESS	I	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP			
TITLE	TD DELETE	3.1 TITLE		☐ Change	Addition Addition
NAME	PAGAN, LUIS G	3.2 NAME			
STREET ADDRESS	319 32ND ST. JARDINES METROPOLIANOS	3.3 STREET ADDRESS			
CITY-ST-ZIP	RIO PIEDRAS PUERTO RICO	3.4. CITY-ST-ZIP			
TITLE	D DELETE	4.1 TITLE		Change	Additio
NAME	DIAS, LUIS M REV	4. 2 NAME			
STREET ADDRESS	12321 SW 190TH STREET	4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33177	4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		☐ Change	Additio
NAME	RODRIGUEZ, JOSE R	5.2 NAME			
STREET ADDRESS	15358 SW 43RD TERRACE	5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33185	5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	Additio
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
DOTH AT THE	I and the second	C 4 O(T)/ OT 70D			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CEARSON PRIORIEN ARROY

13/3/98

(305)279-7030

CR2E037 (10/9)