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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004922

1. Corporation Name

COMPASSION MINISTRIES, INC.

Principal Place of Business

10661 N. KENDALL DRIVE
SUITE 210
MIAMI FL 33176
US

Mailing Address

11762 N. KENDALL DRIVE
SUITE 208
MIAMI FL 33186
US



2. Principal Place of Business

21 **10691 N. Kendall Dr. Suite 312**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/17/1995

22 Suite, Apt. #, etc.

MIAMI, FL 33176

27 Suite, Apt. #, etc.

28 City & State

4. FEI Number
65-0622834

Applied For
Not Applicable

23 City & State

24 Zip Country

28 City & State

29 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**NUNEZ, ALEJANDRO
6361 SUNSET DRIVE
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ARROYO, RUBEN REV.**
STREET ADDRESS **12365 SW 18TH STREET APT. 412**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** ☐ DELETE
NAME **RIVERA, LOURDES I REV.**
STREET ADDRESS **12365 SW 18TH STREET APT. 412**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **TD** ☐ DELETE
NAME **PAGAN, LUIS G**
STREET ADDRESS **319 32ND ST. JARDINES METROPOLITANOS**
CITY-ST-ZIP **RIO PIEDRAS PUERTO RICO**

TITLE **D** ☐ DELETE
NAME **DIAS, LUIS M REV**
STREET ADDRESS **12321 SW 190TH STREET**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☐ DELETE
NAME **RODRIGUEZ, JOSE R**
STREET ADDRESS **15358 SW 43RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

RUBEN ARROYO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date

305-279-7600
Daytime Phone #

CR2E037 (1/98)