

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90176 041 ****61.25

DOCUMENT # N95000004922

1. Entity Name
COMPASSION MINISTRIES, INC.



Principal Place of Business
**10691 NORTH KENDALL DRIVE
SUITE 312
MIAMI FL 33176
US**

Mailing Address
**P O BOX 770236
MIAMI FL 33177-0236
US**

2. Principal Place of Business

3. Mailing Address

198 Evergreen Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PALM BEACH GARDENS, FL.

4. FEI Number **65-0622834**

Applied For

Not Applicable

Zip

Country

Zip
33410

Country
U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ARROYO, RUBEN REV.**
STREET ADDRESS **15120 S.W. 149 AVE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **RIVERA, LOURDES I REV.**
STREET ADDRESS **15120 S.W. 149 AVE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruben Arroyo 5/6/03 (305) 279-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)