

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004900

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** COMPASSION CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

981 SE 2ND STREET  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

981 SE 2ND STREET  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 65-0694061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETHEL, OLRICK G  
981 SE 2ND STREET  
BELLE GLADE, FL 33430 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: V/D  
Name: TUCKER, SANDRA  
Address: 981 SE 2ND STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: S/D  
Name: ROBINSON, RYAN L  
Address: 3188 TURTLE COVE  
City-St-Zip: WESTPALMBEACH, FL 33411

Title: T/D  
Name: GRAY, SHARON  
Address: 603 SW 10TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

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: OLRICK BETHEL

P/D

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date