

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90313 030 ****70.00

DOCUMENT # N98000000931

1. Entity Name

COMPASSIONATE FAMILIES, INC.

Principal Place of Business

Mailing Address

108 JANELLE LANE
 JACKSONVILLE FL 32211

108 JANELLE LANE
 JACKSONVILLE FL 32211-6928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1513 SAN MARCO BLVD

1513 SAN MARCO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE FL

Zip

32207

Country

FLORIDA

Zip

32207

Country

FLORIDA

4. FEI Number

59-3504148

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

MITCHELL, R. GLEN
 108 JANELLE LANE
 JACKSONVILLE FL 32211

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, DEBRA	
STREET ADDRESS	7751 RUSHMORE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, VIRGINIA	
STREET ADDRESS	11457 SECRETARIAT LANE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, GLEN	
STREET ADDRESS	108 JANELLE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CLIFTON, SHEILA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6108 FLEETWOOD RD	
STREET ADDRESS	JACKSONVILLE, FL 32217	
CITY-ST-ZIP		
TITLE	RECLERC, DON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	236 HOLLY COURT	
STREET ADDRESS	JACKSONVILLE FL 32218	
CITY-ST-ZIP		
TITLE	KOWALSKI, JIM Esq	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4925 BEACH BLVD	
STREET ADDRESS	JACKSONVILLE FL 32207	
CITY-ST-ZIP		
TITLE	SCOTT, KAMELA DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3694 SANCTUARY WAY	
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	
CITY-ST-ZIP		
TITLE	TAYLOR, NATHANIEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5141 SHENANDOAH AVE #77	
STREET ADDRESS	JACKSONVILLE FL 32254	
CITY-ST-ZIP		
TITLE	ARMISTEAD, MYRA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8141 OAKWOOD ST	
STREET ADDRESS	JACKSONVILLE FL 32208	
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 W. Mitchell REGISTERED AGENT 2/1 April 2000 904/396-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De Name Phone #

03/19/99

NY 8000000951

648811

2000 Uniform Business Report (Cont)

11. Additions to officers and directors in 10.

Title D
Name Coleman, Beatrice
Street Address 1524 Lauder Ave
City/State/Zip Jacksonville, Florida 32208

Title D
Name Demps, Elijah
Street Address 324 Monticello Court
City/State/zip Jacksonville, Florida 32259

Title D
Name Lawson, Sandra
Street Address 7149 Richardson Rd
City/State/Zip Jacksonville, Florida 32209

Title D
Name Prentice, Linda
Street Address 2672 Shannon
City/State/Zip Orange Park, Florida 32065

Title D
Name Mixon, Julie
Street Address P.O. Box 226
City/State/Zip Fernandina Beach, Fl 32035