

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90369 041 \*\*\*\*70.00

**DOCUMENT # N98000000931**

1. Entity Name  
**COMPASSIONATE FAMILIES, INC.**



Principal Place of Business  
**218 N BROAD STREET  
JACKSONVILLE, FL 32202**

Mailing Address  
**218 N BROAD STREET  
JACKSONVILLE, FL 32202**

**60030133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3504148**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MITCHELL, RICHARD G  
108 JANELLE LANE  
JACKSONVILLE, FL 32211**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **C** ☐ Delete  
NAME **STOUT, KIMBERLY**  
STREET ADDRESS **7044 SWAMP FLOWER DR N**  
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **C** ☒ Change ☐ Addition  
NAME **Mitchell, Glen**  
STREET ADDRESS **108 Janelle Lane**  
CITY-ST-ZIP **Jax. FL 32211**

TITLE **VC** ☐ Delete  
NAME **DELONGIS, SHEILA CLIFTON**  
STREET ADDRESS **12254 PALMETTO PLACE**  
CITY-ST-ZIP **SANDERSON, FL 32087**

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

TITLE **S** ☐ Delete  
NAME **LEWIS, DEBRA**  
STREET ADDRESS **7751 RUSHMORE COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

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

TITLE **T** ☐ Delete  
NAME **RIPPIE, BELINDA**  
STREET ADDRESS **7565 FAWN LAKE DR S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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

TITLE **D** ☐ Delete  
NAME **KOWALSKI, JIM**  
STREET ADDRESS **4925 BEACH BOULEVARD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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

TITLE **D** ☐ Delete  
NAME **MITCHELL, GLEN**  
STREET ADDRESS **108 JANELLE LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** ☒ Change ☐ Addition  
NAME **Stout, Kimberly**  
STREET ADDRESS **7044 Swamp Flower Dr. N.**  
CITY-ST-ZIP **Jax. FL 32244**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, 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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**R. GLEN MITCHELL 10 APR 06 904/396-9665**