

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

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



04192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

MITCHELL, RICHARD G
108 JANELLE LANE
JACKSONVILLE, FL 32211

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MITCHELL, GLEN
STREET ADDRESS	105 JANELLE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VC
NAME	DELONGIS, SHEILA CLIFTON
STREET ADDRESS	12254 PALMETTO PLACE
CITY-ST-ZIP	SANDERSON, FL 32087
TITLE	S
NAME	LEWIS, DEBRA
STREET ADDRESS	7751 RUSHMORE COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	T
NAME	RIPPIE, BELINDA
STREET ADDRESS	7585 FAWN LAKE DR S
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	KOWALSKI, JIM
STREET ADDRESS	4925 BEACH BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	STOUT, KIMBERLY
STREET ADDRESS	7044 SWAMP FLOWER DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32244

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05/03/07-80012-006 70.00

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IN THIS SPACE**

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 reports 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2. GLEN MITCHELL

Date

Daytime Phone #

19 APRIL 2007 904/386-9665