

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000004378**

1. Entity Name  
**LOVE AND COMPASSION MINISTRIES, INC.**



Principal Place of Business

**1401 VISCAYA PARKWAY  
SUITE 3  
CAPE CORAL, FL 33990**

Mailing Address

**1401 VISCAYA PARKWAY  
SUITE 3  
CAPE CORAL, FL 33990**



01062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0853113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, RONALD  
1401 VISCAYA PARKWAY  
SUITE 3  
CAPE CORAL, FL 33990**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SMITH, LYLE
STREET ADDRESS	6239 BRIARWOOD TERRACE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DVP
NAME	SMITH, LYLE
STREET ADDRESS	6239 BRIARWOOD TERRACE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	P
NAME	WILLIS, RON
STREET ADDRESS	1401 VISCAYA PARKWAY, SUITE 3
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	CURRY, BILL
STREET ADDRESS	15681 JOHN MORRIS ROAD
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	HIRST, CHARLES
STREET ADDRESS	8812 RESOTA BEACH ROAD
CITY-ST-ZIP	SOUTHPORT, FL 32409
TITLE	S
NAME	CURRY, BETTY
STREET ADDRESS	15681 JOHN MORRIS ROAD
CITY-ST-ZIP	FORT MYERS, FL 33908

U00000813205  
02/12/08-80079-020 61.25

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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 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:** *Ronald R. Willis* **RONALD R. WILLIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/30/08*

Date

*239-574-5683*

Daytime Phone #