

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704016

Entity Name: COMPASS ROSE FOUNDATION, INC.**Current Principal Place of Business:**8813 WESTERN WAY
JACKSONVILLE, FL 32256**Current Mailing Address:**8813 WESTERN WAY
JACKSONVILLE, FL 32256 US**FEI Number:** 59-0972013**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, TRACY B
8813 WESTERN WAY
JACKSONVILLE, FL 32256 US*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:** TRACY B JONES

04/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name JONES, DONALD C
Address 96271 SOAP CREEK DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034

Title CEO
Name JONES, GREGORY H
Address 7357 TRAILS END
City-State-Zip: JACKSONVILLE FL 32277

Title TREA
Name JONES, SHARON B
Address 96271 SOAP CREEK DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034

Title SECRETARY
Name KING, KELLY E
Address 11251 CAMPFIELD DRIVE
2310
City-State-Zip: JACKSONVILL FL 32256

Title TRUSTEE, CHAIRMAN
Name HUSTON, JOHN
Address 4255 GULF SHORE BLVD, N #7022
City-State-Zip: NAPLES FL 34103

Title TRUSTEE
Name KING, MARK
Address 14854 SOARING EAGLE COURT
City-State-Zip: FORT MYERS FL 33912

Title TRUSTEE
Name BELCHER, STEVEN
Address 1766 MARYLAND ROAD
City-State-Zip: FORT MYERS FL 33901

Title TRUSTEE
Name BRADLEY, NANCY
Address 1728 GREYSTONE CT
City-State-Zip: LONGWOOD FL 32779

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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: GREGORY H JONES

CEO

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	JOHNSTON, DEAN
Address	4643 VIA ORQUIDA
City-State-Zip:	SANTA BARBARA CA 93111