

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006634

**Entity Name:** COMPASSIONATE HEARTS FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

4143 DAY BRIDGE PLACE  
ELLENTON, FL 34222

**Current Mailing Address:**

P.O. BOX 583  
ELLENTON, FL 34222 US

**FEI Number:** 46-0535856

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLLINS, EDDIE L  
4143 DAY BRIDGE PLACE  
ELLENTON, FL 34222 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            COLLINS, EDDIE L  
Address        4143 DAY BRIDGE PLACE  
City-State-Zip: ELLENTON FL 34222

Title            SEC  
Name            COLLINS, JAMIL O  
Address        4143 DAY BRIDGE PLACE  
City-State-Zip: ELLENTON FL 34222

*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:** EDDIE COLLINS

**CEO**

**01/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date