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.

CEO

#### DOCUMENT# N2200000079

### Entity Name: COMPASSION VILLAGE MINISTRIES INTERNATIONAL, INC.

### **Current Principal Place of Business:**

305 GRAYSTON PL UNIT C124 SUN CITY CENTER, FL 33573

#### **Current Mailing Address:**

305 GRAYSTON PL UNIT C124 SUN CITY CENTER, FL 33573 US

# **FEI Number: NOT APPLICABLE**

## Name and Address of Current Registered Agent:

RILEY, RICHARD E 305 GRAYSTON PL UNIT C124 SUN CITY CENTER, FL 33573 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:

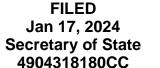
### Electronic Signature of Registered Agent

T

Officer/Director Detail :				
Title	VP	Title	CEO	
Name	TINDER, JAN M	Name	RILEY, RICHARD E	
Address	6943 COHASSET CIRCLE	Address	UNIT C124	
City-State-Z	p: RIVERVIEW FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: RICHARD E RILEY



Date

Certificate of Status Desired: Yes

Date

01/17/2024