

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004783

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** FAITH LOVING CARE, INC.

**Current Principal Place of Business:**

7969 PINEHURST DR  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

7969 PINEHURST DR  
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number:** 20-3570186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, EDA  
7969 PINEHURST DR  
SPRING HILL, FL 34606 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FORRISTER, CHARMINE  
Address: 88-26 210TH STREET  
City-St-Zip: QUEENS VILLAGE, NY 11427

Title: D  
Name: WILLIAMS, EDA  
Address: 1206 MUSCOVY DR  
City-St-Zip: SPRING HILL, FL 34608

Title: D  
Name: WILLIAMS, JANET  
Address: 63 COOPER STREET  
City-St-Zip: BROOKLYN, NY 11207

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: JANET WILLIAMS

DIRE

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date