## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

**FILED** May 01 1996 8:00 am Secretary of State

1996

DOCUMENT # N12680

(7)

LOVING HANDS COMMITMITY CHILDCH, INC.

LOVIII	AG HANDS COMMUNITY CP	iunur	1, INC.							
Principal Place of Business			Mailing Address							10(6 0104) 0101) 100)
1300 - 17TH AVENUE WEST BRADENTON FL 34205		1300 - 17TH AVENUE WEST BRADENTON FL 34205								
							3. Date Incorporated or Qualified 12/20/1985	3a. D.	ate of La 04/27	ast Report <b>/1995</b>
2. Principal F	Place of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address				4. FEI Number 59-2611718	-l		Applied For
Suite, Apt. #, etc.			26				59-2611718			Not Applicable
22			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing		\$5	.00 May Be
Zip	Country	28	Zip	T .			Trust Fund Contribution		Ad	ded to Fees
24	25		¬ '		У		8. This corporation has liability for int			s. 199.032,
	9. Name and Address of Curre	29 nt Regis	stered Agent	30			Florida Statutes  10. Name and Address of New Reg	Yes 🗌		
				8	ıΤ	Name	IV. Name and Address of New He	ustered	Agent	
WILSON	N, WENDELL C			Ľ	ĺ					
1300 17TH AVE W				8:	2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
BRADE	NTON FL 34205			83	╁					
				L	$\perp$					
				84	1	City		FL	85	Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered agent, or both, in the State of Florida Such change was authorized by familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					.i na oor	amed corpora	tion submits this statement for the purpo		inging its	s registered office
	with, and accept the obligations of, Sec.	tion 617.	.0503, Florida Statutes	i			and a supposition of the supposi	orient au	rogisten	so agent. Lam
SIGNATURE	Signature, typed or printed name of registered agent	t and struif a	applicable (NO	TF: Bookland An	n) e	signature required v				
12.	OFFICERS AN			13.	er it s	signature required v	when reinstating: ADD/TIONS/CHANGES TO OFFICE	DATE OF AND	DIDECT	TODG: IN 1-6
TITLE	PD		DELETE	1.1 TITLE		·	100 110140 017/1025 10 011/01		Change	
NAME	WILSON, WENDELL C			1.2 NAME	1.2 NAME			L		, LI AUGIION
STREET ADDRESS	9511 36TH AVE EAST			13 STREE	T AI	ODRESS				
CITY-ST-ZIP	PALMETTO FL				1.4 CITY-ST-ZIP					
TITLE	TD		DELETE	21 THILE				Т	Change	e
NAME	ZIMMERMANN, TERRENCE			2.2 NAME	2.2 NAME			_		
STREET ADDRESS	4224 1ST AVE NE			2 3 STREE	EET ADDRESS					
CITY-ST-ZIP	BRADENTON FL			2 4 C/TY-	ST-	- ZIP				
TITLE	SD SIDERY THOMAS		DELETE	3.1 THTLE				Г	Change	Addition
NAME	SEIBERT, THOMAS L			3 2 NAME				_		_
STREET ADDRESS	7513 38TH ST., CIR., E BRADENTON FL			3 3 STREE	AE	DORESS				
CITY-ST-ZIP	DNADENION FL			3.4 CITY-	\$T-	- ZIP				
TITLE			DELETE	41 TITLE		[			Change	☐ Addition
NAME STREET ADDRESS				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ΑD	DDRESS				
CITY-ST-ZIP TITLE			Constr	4.4 CITY - 9	T- 2	ZIP				
NAME			DELETE	5.1 TITLE			· ····		] Change	☐ Addition
STREET ADDRESS				52 NAME						,
				5 3 STREET		ļ				1
CITY-ST-ZIP TITLE			Drutte	5.4 CITY - S	T - Z	ZIP				
NAME			DELETE	6.1 TITLE					Change	Addition
STREET ADDRESS				6 2 NAME						
CITY-ST-ZIP				6.3 STREET		ĺ				
	y certify that the information supplied v	vith this f	iling is valuntarily fusic	64 CiTY-S	T- Z	ZIP	A			

receive that the information indicated on this aling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR WILSON 4/30/94 941-749-0286