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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000302

1. Corporation Name
LOVING SPACE, INC.

Principal Place of Business
1557 W. SILVER BEACH ROAD
RIVIERA BEACH FL 33404

Mailing Address
P.O. BOX 10862
RIVIERA BEACH FL 33419-0862
US



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number
22	23	27	28	5.	Certificate of Status Desired
	City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29	30	6.	Election Campaign Financing
	Zip		Zip		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DAVIS, BETTY 1557 W. SILVER BEACH ROAD RIVIERA BEACH FL 33404				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DAVIS, BETTY	1.2 NAME	
STREET ADDRESS	1557 W. SILVER BEACH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	
NAME	BURKE, MYRTIS	2.2 NAME	
STREET ADDRESS	618 CLEAR LAKE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	QUIENCE, LISA	3.2 NAME	
STREET ADDRESS	1400 W 6TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	SWEETING, LUCILLE	4.2 NAME	
STREET ADDRESS	1549 SILVER BEACH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	RICHARSON, VERNELL	5.2 NAME	
STREET ADDRESS	1549 W. 33RD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FLINT, KIMBERLY	6.2 NAME	
STREET ADDRESS	1548 W. 33RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Davis DATE: 04/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)