

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-15-2000 90300 016 ****61.25

DOCUMENT # N99000007155

1. Entity Name

LOVING ARMS, INC.

(R)

Principal Place of Business

Mailing Address

11720 US HWY 19 NORTH
 PORT RICHEY FL 34668

11720 US HWY 19 NORTH
 PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3648693

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, DEIDRE K
 11720 US HWY 19 NORTH
 PORT RICHEY FL 34668

Name

HART, ELEANORE H.

Street Address (P.O. Box Number is Not Acceptable)

11720 US HWY 19 NORTH, SUITE 17

City

PORT RICHEY,

FL

Zip Code

34668

8. 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

Eleanore H. Hart
ELEANORE H. HART, PRESIDENT

4-26-00

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

SEE ATTACHED

12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. David Haet
J. DAVID HAET, VP

4-26-00 (727) 861-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CF2E037 (9/99)

N99000007155
~~XXXXXXXXXX~~
306334

LOVING ARMS, INC.

OFFICERS & DIRECTORS

P/D

Hart, Rev. Eleanore H.
11720 US 19 North, Suite 17
Port Richey, FL 34668

VP/D

Hart, Rev. J. David Hart
11720 US 19 North, Suite 17
Port Richey, FL 34668

S/D

Schram, Sharon
~~11720 US 19 North, Suite 17~~
Port Richey, FL 34668

T/D

Angell, Melvin E.
11720 US 19 North, Suite 17
Port Richey, FL 34668

D

LaCour, Ecklis
11720 US 19 North, Suite 17
Port Richey, FL 34668

D

LaCour, Ruby
11720 US 19 North, Suite 17
Port Richey, FL 34668

D

Hart, John M.
11720 US 19 North, Suite 17
Port Richey, FL 34668

D

Sheldon, Wilford
11720 US 19 North, Suite 17
Port Richey, FL 34668

D

Rossi, Andrew
11720 US 19 North, Suite 17
Port Richey, FL 34668