

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000000302 (8)

1. Corporation Name

LOVING SPACE, INC.

Principal Place of Business

Mailing Address

1557 W. SILVER BEACH ROAD
RIVIERA BEACH FL 33404

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DAVIS, BETTY
1557 W. SILVER BEACH ROAD
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified

01/18/1995

4. FEI Number

65-0553323

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIS, BETTY

STREET ADDRESS 1557 W. SILVER BEACH ROAD
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE CD ☐ DELETE

NAME BURKE, MYRTIS

STREET ADDRESS 618 CLEAR LAKE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE SD ☐ DELETE

NAME QUIENCE, LISA

STREET ADDRESS 1400 W 6TH STREET
CITY-ST-ZIP RIVIERA BEACH FL

TITLE TD ☐ DELETE

NAME SWEETING, LUCILLE

STREET ADDRESS 1549 SILVER BEACH ROAD
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ DELETE

NAME RICHARSON, VERNELL

STREET ADDRESS 1549 W. 33RD STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ DELETE

NAME FLINT, KIMBERLY

STREET ADDRESS 1548 W. 33RD STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: *Betty Davis* Betty Davis

Date 9/10/98 863090

CR2E037 (5/98)

FILED
Oct 07 1998 8:00am
Secretary of State

