FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000302

1. Corporation Name

LOVING SPACE, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

P.O. BOX 10862

2a. Mailing Address

City & State

Suite, Apt. #, etc.

RIVIERA BEACH FL 33419-0862

US

27

28

FILED Jun 17, 1999 8:00 am Secretary of State

06-17-1999 90008 028 ****61.25

<u> </u>

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

01/18/1995 4. FEI Number 65-0553323

Zip	Country	Zip	Cou	ntry	ry		6. Election Campaign Financing			\$5.00 May Be												
24	25	29	30				Trust Fund Contribution				Added to Fees											
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent																
				81	Name								-									
DAVIS, BETTY						Address	(P.O. Box N	lumber is N	ot Accepta	ble)												
1557 W. SILVER BEACH ROAD							· (
RIMERA BEACH FL 33404																						
THILLIAN CO	LAGITIE GOTOT			24	Oit.						los l	Zip Co	ado -									
				84	City					FL	85	Zip C	, l									
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 ar	Agent	aignature rec	equired wh	en reinstating)			DATE														
12.	OFFICERS AND		13.			,		IS/CHANGE	S TO OFF	ICERS AN	ID DIRE	CTOF	S IN 12									
TITLE	PD	☐ DELETE	1.1 111	LE.			*****				☐ Cha	nge	Addition									
NAME	DAVIS, BETTY		1.2 NA	ME																		
STREET ADDRESS	1557 W. SILVER BEACH ROAD		1.3 ST	REET	ADDRESS																	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		1.4 CF	TY-ST	-ZIP																	
TITLE	CD	☐ DELETE	2.1 111	ιE			3.4				☐ Cha	nge	☐ Addition									
NAME	BURKE, MYRTIS		2.2 NA	ME																		
STREET ADDRESS	618 CLEAR LAKE AVENUE		2.3 ST	REET	ADDRESS																	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	_	2.4 C	TY-S7	r-ZIP																	
TITLE	SD	☐ DELETE	3.1 ₹∏	ΓLE							☐ Cha	nge	☐ Addition ☐									
NAME	QUIENCE, LISA		3.2 NA	ME	}								}									
STREET ADDRESS	1400 W 6TH STREET		3.3 ST	REET	ADDRESS																	
CITY-ST-ZIP	RIVIERA BEACH FL_		3.4. CI	TY-S1	r-ZIP																	
TITLE	TD	☐ DELETE	4,1 TIT	ſLE	İ	İ					☐ Cha	inge	☐ Addition									
NAME	SWEETING, LUCILLE		4, 2 N	AME																		
STREET ADDRESS	1549 SILVER BEACH ROAD		4.3 ST	REET	ADDRESS																	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		4.4 CF	TY-ST	-2)P																	
TITLE	D	☐ DELETE	5.1 TIT		i]					Cha	nge	☐ Addition									
NAME	RICHARSON, VERNELL		5.2 NA																			
STREET ADDRESS	1549 W. 33RD STREET		5.3 ST	REET	ADDRESS																	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		5.4 CI		- ZIP																	
TITLE	D	☐ DELETE	6.1 TD		1						☐ Cha	inge	☐ Addition									
NAME	FLINT, KIMBERLY		6.2 NA		ļ								į									
STREET ADDRESS	1548 W. 33RD STREET		6.3 ST	REET	ADDRESS																	
CITY-ST-ZIP	RIVIERA BEACH FL 33404		6.4 CI			L	.,															
14. I hereby o	ertify that the information supplied with	this filing does not qualify for	or the exe	motic	on stated	in Sec	tion 119.07(3	3)(i). Florida	Statutes, 1	further cer	14. Lhereby 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											

4. 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 informatic 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 eath; 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR

0 4/26/99

Date Dayline Phone #

CR2E037 (11/98)

Applied For

Not Applicable

\$8.75 Additional

Fee Required