


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90060 022 \*\*\*\*70.00

<b>DOCUMENT # 703471</b> 1. Entity Name THE LOVELAND CENTER, INC.					
Principal Place of Business 157 SO. HAVANA ROAD VENICE, FL 34292			Mailing Address 157 SO. HAVANA ROAD VENICE, FL 34292		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1011392	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BOGUSZ, TED 6835 PINDO BLVD SARASOTA, FL 34241				7. Name and Address of New Registered Agent  Name <u>Holmes, Aimee</u> Street Address (P.O. Box Number is Not Acceptable) <u>316 Winfield Way</u> City <u>Nokomis</u> <u>FL</u> Zip Code <u>34275</u>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Aimee Holmes</u> <span style="float: right;">3/26/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALL, JAMES P 211 NOKOMIS AVE SO VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOGUSZ, TED 6835 PINDO BLVD. SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGH, KAREN J 200 S NOKOMIS AVENUE VENICE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D JACKSON, Jeff 1070 Technology Drive Nokomis, FL 34274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNIHAN, DAVID 322 VENICE GOLF CLUB DR. VENICE, FL 342923177	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pinkerton, Brent 992 Tamiami Trail #6 Fort Charlotte, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WEAVER, BENNY 825 VENICE AVE EAST VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harkins, Michael 4242 So. Tamiami Trail Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLMES, AIMEE 316 WINFIELD WAY NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Aimee Holmes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/26/08 941-350-5774 <small>Date Daytime Phone #</small>	

# ATTACHMENT

40061605

# 703471

**The Loveland Center, Inc.**

**Board of Directors**

**2007/2008**

D

DePalma, Matt  
200 South Nokomis Avenue  
Venice, FL 34285

D

French, Jeff  
1314 E. Venice Ave., Suite C  
Venice, FL 34293

D

Mackey, Joyce  
604 Paget Drive  
Venice, FL 34293

D

Britton, John  
1089 Laurel Woods Drive  
Nokomis, FL 34275

D

Wilson, Jim  
907 Triano Circle  
Venice, FL 34292

D

Mudge, Melinda  
950 Pinebrook Road  
Venice, FL 34285

D

Carney, Paula  
100 W. Venice Ave., Suite 1  
Venice, FL 34285

D

Iddings, Beth  
4269 Tennyson Way  
Venice, FL 34293