

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004528

**Entity Name:** LOVE CENTER INCORPORATED

**Current Principal Place of Business:**

6037 DUNMIRE AVE  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

6037 DUNMIRE AVE  
JACKSONVILLE, FL 32219

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARKER, VIRLEY M  
6037 DUNMIRE AVE  
JACKSONVILLE, FL 32219 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name PARKER, VIRLEY M  
Address 7157 WELLAND RD  
City-State-Zip: JACKSONVILLE FL 32209

Title VPD  
Name PARKER, IRISH I  
Address 329 BROWARD RD  
City-State-Zip: JACKSONVILLE FL 32219

Title S  
Name JONES, LILLIE M  
Address 6007 MONCRIEF RD W  
City-State-Zip: JACKSONVILLE FL 32219

Title T  
Name CARTER, JOEL S  
Address 7875 MONCRIEF DISMORE RD  
City-State-Zip: JACKSONVILLE FL 32219

Title D  
Name CARTER, JOEL  
Address 7875 MONCRIEF DISMORE RD  
City-State-Zip: JACKSONVILLE FL 32219

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIRLEY M PARKER

**PRESIDENT**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date