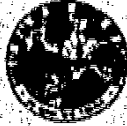


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 677694 (2)

1. Corporation Name

LOVING CARE CHILD DEVELOPMENT CENTER, INC.

Principal Place of Business

**1207 S 28TH ST
FT PIERCE FL 34947**

Mailing Address

**1207 S 28TH ST
FT PIERCE FL 34947**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/07/1980

3a. Date of Last Report

02/23/1994

4. FEI Number

59-2007570

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. This corporation has liability for intangible tax under S. 100.022,
Florida Statutes



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, RUTH H
1203 S 28 ST
FORT PIERCE FL 34947**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	SMITH, JULIAN D SR
STREET ADDRESS	1203 SO 28 STR
CITY- ST- ZIP	FT. PIERCE FL
TITLE	VD
NAME	LOGSDON, TOMMY S
STREET ADDRESS	1202 SO 28 STR
CITY- ST- ZIP	FT. PIERCE FL
TITLE	STD
NAME	SMITH, RUTH H.
STREET ADDRESS	1203 S 28 ST
CITY- ST- ZIP	FT. PIERCE FL
TITLE	SD
NAME	LOGSDON, MARY S.
STREET ADDRESS	1202 S. 28TH ST.
CITY- ST- ZIP	FT. PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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	P.O. Logsdon Mary S
4.3 STREET ADDRESS	1202 S 28th St
4.4 CITY- ST- ZIP	Fort Pierce Fla
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Logsdon Mary Logsdon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-1995 464-1518

DATE

DAYTIME PHONE #