

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703471

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE LOVELAND CENTER, INC.

Current Principal Place of Business:

157 SO. HAVANA ROAD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

157 SO. HAVANA ROAD
VENICE, FL 34292

New Mailing Address:

FEI Number: 59-1011392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMES, AIMEE
316 WINFIELD WAY
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

BALL, JAMES P
211 NOKOMIS AVENUE
VENICE, FL 34285 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: JAMES P. BALL

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC/D () Delete
Name: BALL, JAMES P
Address: 211 NOKOMIS AVE SO
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: BOGUSZ, TED
Address: 6835 PINDO BLVD.
City-St-Zip: SARASOTA, FL 34241

Title: STD () Delete
Name: JACKSON, JEFF
Address: 1070 TECHNOLOGY DRIVE
City-St-Zip: NOKOMIS, FL 37274

Title: D () Delete
Name: PINKERTON, BRENT
Address: 992 TAMiami TRAIL #G
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: HARKINS, MICHEAL
Address: 4242 SO. TAMiami TRAIL
City-St-Zip: VENICE, FL 34293

Title: C () Delete
Name: HOLMES, AIMEE
Address: 316 WINFIELD WAY
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change () Addition
Name: BALL, JAMES P
Address: 211 NOKOMIS AVE SO
City-St-Zip: VENICE, FL 34285

Title: VC/D (X) Change () Addition
Name: HARKINS, MICHAEL
Address: 4242 SO. TAMiami TRAIL
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTIN, JAMES V
Address: 756 WHITE PINE TREE ROAD
City-St-Zip: VENICE, FL 34285

Title: D (X) Change () Addition
Name: HOLMES, AIMEE
Address: 316 WINFIELD WAY
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES P.BALL

C

04/07/2009

Electronic Signature of Signing Officer or Director

Date