

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90121 045 ****70.00

DOCUMENT # 753745

1. Entity Name

LOVE AND CARE NONPROFIT ANIMAL ASSOCIATION, INC.



Principal Place of Business

16231 REDINGTON DR
REDINGTON BEACH FL 33708

Mailing Address

16231 REDINGTON DR
REDINGTON BEACH FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2025357

Applied For

Not Applicable*

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, MICHAEL A.
410 CENTRAL AVE.- 4TH FLOOR
ST. PETERSBURG FL 33701

Name
Michael A. Brown

Street Address (P.O. Box Number is Not Acceptable)
One Progress PLAZA, SUITE 1400

City
St. Petersburg

FL Zip Code
33701

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 *Michael A. Brown*

2-15-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LEAVENGOOD, C.R. (MRS) 16231 REDINGTON DR REDINGTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, MICHAEL A 15843 REDINGTON DR REDINGTON BEACH FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NEUMANN, JANE 203 162ND AVE REDINGTON BEACH FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARLOW, WILLIAM G 1146 14 ST NO. SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, BARBARA B. 11651 MAGNOLIA AVENUE SEMINOLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael A. Brown*

2-15-06

727 824-7393