

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # F03000004188**

1. Entity Name

A LOVING CHOICE INTERNATIONAL, INC.



04-12-2004 90592 001 \*\*\*\*\*8.75

04-12-2004 90592 002 \*\*\*\*\*61.25

Principal Place of Business

209 MAIN STREET #103  
GREENVILLE SC 29601

Mailing Address

209 MAIN STREET #103  
GREENVILLE SC 29601

00411012



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1065927

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

LIDDELL, AMY GARVIN  
13409 LA MIRADA CIRCLE  
WELLINGTON FL 33414

Name

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

City

FL

Zip Code

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

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, 2004**

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 CP ☐ Delete  
NAME BAKER, BRENDA  
STREET ADDRESS 716 SUMPTER ROAD  
CITY-ST-ZIP DAVIDSONVILLE MD 21035

TITLE VP ☐ Change ☒ Addition  
NAME BORIS DAVYDOV  
STREET ADDRESS 235 NATHAN LANE NORTH # 346 N  
CITY-ST-ZIP PLYMOUTH MN 55441

TITLE VC ☒ Delete  
NAME SKARWECKI, LAURA  
STREET ADDRESS 28749 BURROUGHS CT.  
CITY-ST-ZIP MECHANICSVILLE MD 20659

TITLE S ☐ Change ☒ Addition  
NAME DIANA BABINEAU  
STREET ADDRESS 112 HOLMES DR.  
CITY-ST-ZIP GREENVILLE SC 29609

TITLE S ☒ Delete  
NAME SCALZITY, KARA  
STREET ADDRESS 307 FARMWOOD DRIVE  
CITY-ST-ZIP FOUNTAIN SC 29644

TITLE D ☐ Change ☒ Addition  
NAME JIM ROBINSON  
STREET ADDRESS 202 SOMERSET FOREST LANE  
CITY-ST-ZIP SIMPSONVILLE SC 29681

TITLE T ☐ Delete  
NAME GINN, LESLIE  
STREET ADDRESS 609 NEELY FARM DRIVE  
CITY-ST-ZIP SIMPSONVILLE SC 29680

TITLE D ☐ Change ☒ Addition  
NAME KATHY CARTER  
STREET ADDRESS 808 JUANITA DR  
CITY-ST-ZIP FLORENCE SC 29501

TITLE D ☒ Delete  
NAME SMITH, FRANKLIN  
STREET ADDRESS 107 MARSH COURT LANE  
CITY-ST-ZIP MT. PLEASANT SC 29464

TITLE D ☐ Change ☒ Addition  
NAME KELLY PETERS  
STREET ADDRESS 16 TARA DR  
CITY-ST-ZIP MT LAUREL NJ 08054

TITLE D ☒ Delete  
NAME MCKAIN, LYNN  
STREET ADDRESS 433 HENDERSON ROAD  
CITY-ST-ZIP GREENVILLE SC 29607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Theresa Baker President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 864-235-7221

Date

Daytime Phone #