FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90050 013 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004327

1. Entity Name
LOVING CARE TRANSPORTATION AND HOUSING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17121 NE 9TH AVENUE
Suite, Apt. #, etc.
City & State: NORTH MIAMI BCH., FL.
Zip: 33162 Country: USA

3. Mailing Address
P.O. BOX 23908
Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FL.
Zip: 33307 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1020336 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: LONNISE BALDWIN
Street Address (P.O. Box Number is Not Acceptable)
17121 NE 9TH AVENUE
City: NORTH MIAMI BEACH FL Zip Code: 33162

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.

SIGNATURE: [signature] 08/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
P.D LONNISE BALDWIN 17121 NE 9TH AVENUE NORTH MIAMI BEACH, FL. 33162	
D. TAMMY MYERS 17121 NE 9TH AVENUE NORTH MIAMI BEACH, FL. 33162	
D. CLARENCE ALLEN 17121 NE 9TH AVENUE NORTH MIAMI BEACH, FL. 33162	**DO NOT WRITE IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 08/12/02 (305) 949-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

August 14, 2002

LOVING CARE TRANSPORTATION AND HOUSING, INC.
P.O. BOX 23908
FORT LAUDERDALE, FL 33307

SUBJECT: LOVING CARE TRANSPORTATION AND HOUSING, INC.
Ref. Number: N00000004327 677387

We have received your document for LOVING CARE TRANSPORTATION AND HOUSING, INC. and check(s) totaling $35.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed nonprofit annual report/uniform business report is $61.25. If a certificate of status is desired, please add an additional $8.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 802A00048249