

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000039

FILED
Aug 07, 2005
Secretary of State

Entity Name: FOR THE LOVE OF CHILDREN, INC.

Current Principal Place of Business:

611 MOONDANCER COURT
PALM BEACH GARDENS, FL 33417

New Principal Place of Business:

732 DUCHESS COURT
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

PO BOX 31743
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 65-1101428 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOLMES, ALISA
PO BOX 31743
PALM BEACH GARDENS, FL 33420 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOLMES, ALISA
Address: 611 MOONDANCER COURT
City-St-Zip: PB GARDENS, FL 33417

Title: DS () Delete
Name: FREDERICK, VERONICA
Address: 16615 KEYSTONE FAIRWAY COURT
City-St-Zip: HOUSTON, TX 77095

Title: DT () Delete
Name: DARVILLE, SABRENA
Address: 1143 LAKE BREEZE DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOLMES, ALISA
Address: 732 DUCHESS COURT
City-St-Zip: PB GARDENS, FL 33418

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALISA HOLMES

DP

08/07/2005

Electronic Signature of Signing Officer or Director

Date