

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

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90007 030 ****61.25

DOCUMENT # N01000004271

1. Entity Name

TRUCKERS LOVE CHILDREN AND HOMELESS, INC.



Principal Place of Business

4640 N.W. 102 AVENUE, #203
MIAMI FL 33178

Mailing Address

4640 N.W. 102 AVENUE, #203
MIAMI FL 33178

2. Principal Place of Business

9430 S.W. 8th ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428 Palm Beach

Country

Country

4. FEI Number

65-1106720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLUNIS, CLAUDIA K
4640 N.W. 102 AVENUE, #203
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Claudia Clunis

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

9430 S.W. 8th ST #5

City

Boca Raton

FL

Zip Code

33428

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

Claudia Clunis

8-3-04

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 September 8, 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

TITLE PD
NAME CLUNIS, CLAUDIA K
STREET ADDRESS 4640 N.W. 102 AVENUE, #203
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE ST
NAME CLUNIS, DAVE
STREET ADDRESS 4640 N.W. 102 AVENUE, #203
CITY-ST-ZIP MIAMI FL 33178 ☒ Delete

TITLE TD
NAME UKEJE, UCHE
STREET ADDRESS 2540 BROOKESHIRE CIRCLE
CITY-ST-ZIP WEST MELBOURNE FL 32904 ☐ Delete

TITLE VD
NAME CLUNIS, CLAUDIUS
STREET ADDRESS 19921 N.W. 32ND AVENUE
CITY-ST-ZIP OPA LOCKA FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ST
NAME Lemar, Kevin
STREET ADDRESS 713 N.W. 9th St
CITY-ST-ZIP Hallandale, FL 33009 ☒ Change ☒ Addition

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

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

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

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

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:

Claudia Clunis

786-488-2113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #