


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000004271	
<b>1. Entity Name</b> TRUCKERS LOVE CHILDREN AND HOMELESS, INC.	

<b>Principal Place of Business</b> 101 S.W 4TH AVE HALLANDALE BEACH, FL 33009	<b>Mailing Address</b> 101 S.W 4TH AVE HALLANDALE BEACH, FL 33009
---	---

DO NOT WRITE IN THIS SPACE



05112006 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 65-1106720	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CLUNIS, CLAUDIA K  
101 S.W 4TH AVE  
HALLANDALE BEACH, FL 33009

DO NOT WRITE  
IN THIS SPACE

**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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE:** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	CLUNIS, CLAUDIA K
<b>STREET ADDRESS</b>	101 S.W. 4TH AVE.
<b>CITY - ST - ZIP</b>	HALLANDALE BEACH, FL 33009
<b>TITLE</b>	SD
<b>NAME</b>	LEMAR, KEVIN
<b>STREET ADDRESS</b>	713 NW 9TH ST
<b>CITY - ST - ZIP</b>	HALLANDALE, FL 33009
<b>TITLE</b>	TD
<b>NAME</b>	UKEJE, UCHE
<b>STREET ADDRESS</b>	2540 BROOKESHIRE CIRCLE
<b>CITY - ST - ZIP</b>	WEST MELBOURNE, FL 32904
<b>TITLE</b>	D
<b>NAME</b>	FRAMTE, ARTHUR
<b>STREET ADDRESS</b>	313 SW 1ST ST.
<b>CITY - ST - ZIP</b>	HALLANDALE BEACH, FL 33009
<b>TITLE</b>	VD
<b>NAME</b>	RICHARDSON, GLORIA
<b>STREET ADDRESS</b>	33 S.E. 1ST AVE., STE. 101
<b>CITY - ST - ZIP</b>	DELRAY BEACH, FL 33444
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

DO NOT WRITE  
IN THIS SPACE

U00000565072  
05/20/06-80106-014 61.25

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **President** **5-11-06** **786-488-2113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #