

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004271

FILED
Apr 30, 2008
Secretary of State

Entity Name: TRUCKERS LOVE CHILDREN AND HOMELESS, INC.

Current Principal Place of Business:

801 S.E 6TH AVE #206
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2500 PARKVIEW DR. 818
HALLANDALE BEACH, FL 33009

New Mailing Address:

1835 E HALLANDALE BLVD # 691
HALLANDALE BEACH, FL 33009

FEI Number: 65-1106720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLUNIS, CLAUDIA K
2500 PARKVIEW DR. #818
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

CLUNIS, CLAUDIA K
1835 E. HALLANDALE BEACH # 691
HALLANDALE BEACH, FL 33009 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: CLAUDIA CLUNIS

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLUNIS, CLAUDIA K
Address: 2500 PARKVIEW DR
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SD () Delete
Name: DE VERTEUIL, UNONYEM
Address: P.O. BOX 6682
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD () Delete
Name: FRAMTE, ARTHUR
Address: 313 S.W. 1 ST.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD () Delete
Name: RICHARDSON, GLORIA
Address: 801 S.E 6TH AVE # 206
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLUNIS, CLAUDIA K
Address: 1835 E. HALLANDALE BEACH BLVD # 691
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SD (X) Change () Addition
Name: GIBBS, CLAUDIA
Address: 27 MIAMI GARDENS RD
City-St-Zip: WEST PARK, FL 33023

Title: TD (X) Change () Addition
Name: CLUNIS, MALISA
Address: 27 MIAMI GARDENS RD
City-St-Zip: WEST PARK, FL 33023

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLAUDIA CLUNIS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date