

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

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-06-2004 90005 033 ****74.00

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MOORE CR2E037 (4/04)

DOCUMENT # N01000007486 1. Entity Name LOVE CREATIONS HOUSE, INC.					
Principal Place of Business 5507 OAKFIELD STREET ORLANDO FL 32808			Mailing Address 5507 OAKFIELD STREET ORLANDO FL 32808		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-3036803 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LOVE, ROSIE BRINSON 5507 OAKFIELD STREET ORLANDO FL 32808	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Executive Director <input type="checkbox"/> Delete LOVE, ROSIE BRINSON 5507 OAKFIELD STREET ORLANDO FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rhonda L. Williams <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4550 Pheasant Run Drive Orlando, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Program Coordinator <input type="checkbox"/> Delete HAMILTON, MICHELLE 1866 SPRUCE RIDGE DRIVE ORLANDO FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operations Manager / Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Operations Manager <input checked="" type="checkbox"/> Delete PITTMAN, GENE 4536 CAL COURT ORLANDO FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 it 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: <i>Rosie Brinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/16/04 407-497-0887 <small>Date Daytime Phone #</small>		