

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 08:00 AM
Secretary of State

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**



07142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 75-3036803 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

5. Name and Address of Current Registered Agent

**LOVE, ROSIE BRINSON
5507 OAKFIELD STREET
ORLANDO, FL 32808**

**DO NOT WRITE
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | ED |
| NAME | LOVE, ROSIE BRINSON |
| STREET ADDRESS | 5507 OAKFIELD STREET |
| CITY-ST-ZIP | ORLANDO, FL 32808 |
| TITLE | PC |
| NAME | HAMILTON, MICHELLE |
| STREET ADDRESS | 1866 SPRUCE RIDGE DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32808 |
| TITLE | MTO |
| NAME | WILLIAMS, RHONDA L |
| STREET ADDRESS | 4550 PLEASANT RUN DR |
| CITY-ST-ZIP | ORLANDO, FL 32808 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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08/05/05-80008-004 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Rosie Brinson Love **Rosie Brinson Love** 8/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #