

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002039

**FILED**  
**Aug 17, 2004**  
**Secretary of State****Entity Name:** THE LOVE DOCTORS CHARITIES, INC.**Current Principal Place of Business:**9180 US HWY ONE  
PORT ST LUCIE, FL 34952**New Principal Place of Business:**687 SW WHITMORE DR  
PORT ST LUCIE, FL 34984**Current Mailing Address:**P.O. BOX 880862  
PORT ST. LUCIE, FL 34988 US**New Mailing Address:****FEI Number:** 03-0426782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PERDUE, DEBRA A  
1532 S.W. SANTANDER AVE  
PORT ST LUCIE, FL 34953 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALBRECHT, EUGENE E  
Address: 9180 US HWY ONE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP ( ) Delete  
Name: SCHRADER, BARRY J  
Address: 9180 US HWY ONE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S ( ) Delete  
Name: DICKERSON, PATRICIA L  
Address: 9180 US HWY ONE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T ( ) Delete  
Name: PERDUE, DEBRA A  
Address: 9180 US HWY ONE  
City-St-Zip: PORT ST LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ALBRECHT, EUGENE E  
Address: 687 SW WHITMORE DR.  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP (X) Change ( ) Addition  
Name: SCHRADER, BARRY J  
Address: 687 SW WHITMORE DR.  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: S (X) Change ( ) Addition  
Name: DICKERSON, PATRICIA L  
Address: 687 SW WHITMORE DR.  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T (X) Change ( ) Addition  
Name: PERDUE, DEBRA A  
Address: 687 SW WHITMORE DR.  
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBRA A. PERDUE

T

08/17/2004

Electronic Signature of Signing Officer or Director

Date