

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002039**

1. Entity Name  
**THE LOVE DOCTORS CHARITIES, INC.**



Principal Place of Business  
**687 SW WHITMORE DR  
PORT ST LUCIE, FL 34984**

Mailing Address  
**P.O. BOX 880862  
PORT ST. LUCIE, FL 34988 US**



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0426782**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**PERDUE, DEBRA A  
1532 S.W. SANTANDER AVE  
PORT ST LUCIE, FL 34953**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ALBRECHT, EUGENE E
STREET ADDRESS	687 SW WHITMORE DR.
CITY - ST - ZIP	PORT ST LUCIE, FL 34984
TITLE	VP
NAME	SCHRADER, BARRY J
STREET ADDRESS	687 SW WHITMORE DR.
CITY - ST - ZIP	PORT ST LUCIE, FL 34984
TITLE	S
NAME	DICKERSON, PATRICIA L
STREET ADDRESS	687 SW WHITMORE DR.
CITY - ST - ZIP	PORT ST LUCIE, FL 34984
TITLE	T
NAME	PERDUE, DEBRA A
STREET ADDRESS	687 SW WHITMORE DR.
CITY - ST - ZIP	PORT ST LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000233589  
02/17/05-80051-002 61.25

**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)(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 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:** Debra A. Perdue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/ /05 772/336-2357

Date

Daytime Phone #