2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008
Secretary of State

DOCUMENT# N02000002039

Entity Name: THE LOVE DOCTORS CHARITIES, INC.

Current Principal Place of Business:

687 SW WHITMORE DR
PORT ST LUCIE, FL 34984

New Principal Place of Business:

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 687 SW WHITMORE DR.
City-St-Zip: PORT ST LUCIE, FL 34984

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

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

Title: T ( ) Delete
Name: PUBENC, KIMBERLY A
Address: 687 SW WHITMORE DR.
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KIMBERLY A PUBENC T 07/22/2008
Electronic Signature of Signing Officer or Director Date