

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002039

FILED
Mar 30, 2009
Secretary of State

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 ()

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:

MAY, TERRI L DIR.
687 SW WHITMORE DR
PORT ST LUCIE, FL 34984 US

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: TERRI L. MAY

03/30/2009

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

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

Title: T (X) Change () Addition
Name: LEVY, NICHOLE
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 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: PATRICIA DICKERSON

S

03/30/2009

Electronic Signature of Signing Officer or Director

Date