

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90053 018 *****61.25

DOCUMENT # N03000006145

1. Entity Name

THE LOVE IN ACTION CENTER, INC.



Principal Place of Business

317 OLIVER ST
PALATKA FL 32177

Mailing Address

317 OLIVER ST
PALATKA FL 32177

2. Principal Place of Business

500 Pine Street

Suite, Apt. #, etc.

3. Mailing Address

317 Oliver Street

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Palatka, FL

City & State

Palatka, FL

4. FEI Number

51-0468648

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, YVONNE
317 OLIVER ST
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Yvonne Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete
NAME WILLIAMS, YVONNE
STREET ADDRESS 317 OLIVER ST
CITY-ST-ZIP PALATKA FL 32177

TITLE V ☐ Delete
NAME WILLIAMS, GEORGE
STREET ADDRESS 317 OLIVER ST
CITY-ST-ZIP PALATKA FL 32177

TITLE S ☒ Delete
NAME DULIN, EILEEN
STREET ADDRESS 317 OLIVER ST
CITY-ST-ZIP PALATKA FL 32177

TITLE T ☐ Delete
NAME BEDSOLE, WAYNE
STREET ADDRESS 317 OLIVER ST
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ Delete
NAME THOMAS, JIMMY
STREET ADDRESS 317 OLIVER ST
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

George A. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04

Date

546-1617

Daytime Phone #