

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 040 ****61.25

DOCUMENT # N03000006145					
1. Entity Name THE LOVE IN ACTION CENTER, INC.					
Principal Place of Business 500 PINE STREET PALATKA FL 32177			Mailing Address 500 PINE STREET PALATKA FL 32177		
2. Principal Place of Business 322 St Johns Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1515 Suite, Apt. #, etc.			
City & State Palatka FL		City & State Palatka FL		4. FEI Number 51-0468648	
Zip 32177		Country Putman		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Yvonne Williams President, Chairman, Secretary</u> 1-28-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PC NAME WILLIAMS, YVONNE STREET ADDRESS 317 OLIVER ST CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> Delete		TITLE PSIC NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE V NAME WILLIAMS, GEORGE STREET ADDRESS 317 OLIVER ST CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> Delete		TITLE VIT NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE T NAME BEDSOLE, WAYNE STREET ADDRESS 317 OLIVER ST CITY-ST-ZIP PALATKA FL 32177	<input checked="" type="checkbox"/> Delete		TITLE "T" "B" NAME Keith Williams STREET ADDRESS 901 S. 13th Street CITY-ST-ZIP Palatka, FL 32177 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE D NAME THOMAS, JIMMY STREET ADDRESS 317 OLIVER ST CITY-ST-ZIP PALATKA FL 32177	<input checked="" type="checkbox"/> Delete		TITLE "D" NAME Yvette Jones STREET ADDRESS 701 Bronson St CITY-ST-ZIP Palatka, FL 32177 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Yvonne Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-28-05 386-546-2127 <small>Date Daytime Phone #</small>		