

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005790

FILED
Apr 21, 2006
Secretary of State

Entity Name: MOTHER'S LOVE SCHOLARSHIP FOUNDATION INC

Current Principal Place of Business:

2033 SW 117TH AVENUE
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

2033 SW 117TH AVENUE
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 22-3904860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVETT, ROBIN L DIRECTO
2033 SW 117TH AVENUE
MIRAMAR, FL 33065 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: LOVETT, MICHAEL
Address: 2033 SW 117TH AVENUE
City-St-Zip: MIRAMAR, FL 33025 US

Title: V () Delete
Name: LOVETT, ROBIN
Address: 2033 SW 117TH AVENUE
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOVETT, MICHAEL N
Address: 2033 SW 117TH AVENUE
City-St-Zip: MIRAMAR, FL 33025 US

Title: V (X) Change () Addition
Name: LOVETT, ROBIN L
Address: 2033 SW 117TH AVENUE
City-St-Zip: MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBIN L. LOVETT

DIRE

04/21/2006

Electronic Signature of Signing Officer or Director

Date