2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2008 8:00 am Secretary of State DOCUMENT # N04000010760 1. Entity Name 02-28-2008 90013 035 ****61.25 L AND C GROUP HOME, INC. Principal Place of Business Mailing Address 375 KAYE ST FT PIERCE FL 34947 375 KAYE ST FT PIERCE FL 34947 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 51-0537821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YORK, TOMMY M Street Address (P.O. Box Number is Not Acceptable) 375 KAYE ST FT PIERCE FL 34947 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 . Signature, typed or crimed name of requisiered agent and hile diacplicable (NOTE: Registered Agent signabure registed when reinstating) DATE FILE NOW: FEE IS S61.25 9. Election Campaign Financing Make Check Payable to: \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change Addition YORK, CRYSTAL J MAME NAME 375 KAYE ST STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE THOMHSON RAMOS, LORETTS J NAME NAME 624 KEARNEY ROAD STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-ZIP CITY- ST-ZIP TITLE ☐ Delete ■ Addition NAME YORK, TOMMY M NAME 375 KAYE ST STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

129/07 772-464-0560

FILED