


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90001 041 \*\*\*\*61.25

<b>DOCUMENT # N05000001385</b> 1. Entity Name <b>TRUE LOVE COMMUNITY DEVELOPMENTAL CENTER, INC</b>					
Principal Place of Business <b>8512 N. PALAFOX STREET PENSACOLA, FL 32534</b>			Mailing Address <b>8512 N. PALAFOX STREET PENSACOLA, FL 32534</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 02202006 Chg-NP				CR2E037 (11/05) <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>DAVIS, VICKI K 6020 SONGBIRD DR. PENSACOLA, FL 32503</b>			7. Name and Address of New Registered Agent Name <b>JANESHA O. WOMACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>6020 SONGBIRD DRIVE</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32503</b>		
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><i>Janesha O. Womack</i></u> DATE <u>2/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>DAVIS, VICKI K</b> <b>6020 SONGBIRD DR.</b> <b>PENSACOLA, FL 32503</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>JANESHA O. WOMACK</b> <b>6020 SONGBIRD DR</b> <b>PENSACOLA, FL 32503</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>ANDREWS, CHARLES</b> <b>1123 N. DEVILLERS STREET</b> <b>PENSACOLA, FL 32501</b>	<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	<b>T</b> <b>BYNUM, NANETTE D</b> <b>6030 HILBURN ROAD #114</b> <b>PENSACOLA, FL 32504</b>	<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	
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 exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Janesha O. Womack</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/21/06</u> <u>850-478-5307</u> <small>Date Daytime Phone #</small>		

600121234

Division of Corporations

Annual Report

to receive the filing information, please contact the Division of Corporations at (904) 487-2000. The Division will be happy to assist you with any questions you may have. Thank you for your interest in the Division of Corporations.

Document Number

N05000001385

Business Entity Name

TRUE-LOVE COMMUNITY DEVELOPMENTAL  
CENTER, INC

FEI Number

593698678

FEI Number Status

Certificate of Status Desired

No

Election Campaign Financing Trust Fund  
Contribution

No

Principal Place of Business

Address 8512 N. PALAFOX STREET  
Suite, Apt. #, etc.  
City, State PENSACOLA, FL  
Zip Code & Country 32534

Mailing Address

Address 8512 N. PALAFOX STREET  
Suite, Apt. #, etc.  
City, State PENSACOLA, FL  
Zip Code & Country 32534

Name and Address of Registered Agent

Name (Last, First, Middle, Title) WOMACK, JANESHA , O  
Address 6020 SONGBIRD DR.  
Suite, Apt. #, etc.  
City, State PENSACOLA, FL  
Zip Code & Country 32503 US  
Registered Agent Signature JANESHA O. WOMACK

Officer/Director Name and Address

Title P  
Name (Last, First, Middle, Title) WOMACK, JANESHA , O  
Street Address 6020 SONGBIRD DR.

ATTACHMENT

City, State  
Zip Code & Country

PENSACOLA, FL  
32503 US

Title  
Name (Last, First, Middle, Title)  
Street Address  
City, State  
Zip Code & Country

VP  
ANDREWS, CHARLES  
1123 N. DEVILLERS STREET  
PENSACOLA, FL  
32501 US

Title  
Name (Last, First, Middle, Title)  
Street Address  
City, State  
Zip Code & Country

T  
BYNUM, NANETTE, D  
6030 HILBURN ROAD #114  
PENSACOLA, FL  
32504 US

Title  
Officer/Director Signature

P  
JANESHA O. WOMACK

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