

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004783

FILED  
May 16, 2007  
Secretary of State

Entity Name: FAITH LOVING CARE, INC.

**Current Principal Place of Business:**

7963 PINEHURST DR  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

7963 PINEHURST DR  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 20-3570186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, EDA  
7963 PINEHURST DR  
SPRING HILL, FL 34606      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: D      ( ) Delete  
Name: FORRISTER, CHARMINE  
Address: 88-26 210TH STREET  
City-St-Zip: QUEENS VILLAGE, NY 11427

Title: D      ( ) Delete  
Name: WILLIAMS, EDA  
Address: 1206 MUSCOVY DR  
City-St-Zip: SPRING HILL, FL 34608

Title: D      ( ) Delete  
Name: LETCHWORTH, CHRISTINE  
Address: 217 GLENLOCK  
City-St-Zip: SPRING HILL, FL 34606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE LETCHWORTH

D

05/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date