

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 10, 2008
Secretary of State

DOCUMENT# N05000004783

Entity Name: FAITH LOVING CARE, INC.

Current Principal Place of Business:7963 PINEHURST DR
SPRING HILL, FL 34606**New Principal Place of Business:**7969 PINEHURST DR
SPRING HILL, FL 34606**Current Mailing Address:**7963 PINEHURST DR
SPRING HILL, FL 34606**New Mailing Address:**7969 PINEHURST DR
SPRING HILL, FL 34606

FEI Number: 20-3570186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:WILLIAMS, EDA
7963 PINEHURST DR
SPRING HILL, FL 34606 US**Name and Address of New Registered Agent:**WILLIAMS, EDA
7969 PINEHURST DR
SPRING HILL, FL 34606 US

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: _____

06/10/2008

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 11427Title: D () Delete
Name: WILLIAMS, EDA
Address: 1206 MUSCOVY DR
City-St-Zip: SPRING HILL, FL 34608Title: D () Delete
Name: WILLIAM, JANET
Address: 63 COOPER STREET
City-St-Zip: BROOKLYN, NY 11207**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: WILLIAMS, JANET
Address: 63 COOPER STREET
City-St-Zip: BROOKLYN, NY 11207

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: EDA WILLIAMS

D

06/10/2008

Electronic Signature of Signing Officer or Director

Date