

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2009
Secretary of State**

DOCUMENT# N05000004783

Entity Name: FAITH LOVING CARE, INC.

Current Principal Place of Business:

7969 PINEHURST DR
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

7969 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 ()

Name and Address of Current Registered Agent:

WILLIAMS, EDA
7969PINEHURST 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: WILLIAMS, 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: () 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: EDA WILLIAMS

D

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date