

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003785

FILED
Apr 30, 2008
Secretary of State

Entity Name: LOVING THEM WITH CARE MINISTRY, INC.

Current Principal Place of Business:

3989 168TH TRAIL NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

3989 168TH TRAIL NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-4655384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERLING-BERNARD, MARIE Y
3989 168TH TRAIL NORTH
LOXAHATCHEE, FL 33470 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: P () Delete
Name: STERLING-BERNARD, MARIE Y
Address: 3989 168TH TRAIL NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VT () Delete
Name: BERNARD, SIANO
Address: 3989 168TH TRAIL NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Delete
Name: GIBSON, MARIE
Address: 3771 MIL LAKE CT.
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: JN-LOUIS, KATHLEN
Address: 4696 BROOK DR.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: JEUDY, WILLARD
Address: 4651 BENSEL ST.
City-St-Zip: WEST PALM BEACH, FL 33417

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:

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

Title: D (X) Change () Addition
Name: SMITH, MARVALYN
Address: 6154 SHERWOOD GLEN WAY #8
City-St-Zip: WEST PALM BEACH, FL 33415

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: MARIE STERLING BERNARD

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date