

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005548

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** LOVEME CHILDREN'S FOUNDATION, INC.

**Current Principal Place of Business:**

130 BRIDLE PATH  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

130 BRIDLE PATH  
ARCADIA, FL 34266

**New Mailing Address:**

**FEI Number:** 20-4972833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VINCENT A. SICA, P.A.  
10 SOUTH DESOTA AVE STE 101  
ARCADIA, FL 34266 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: PRES ( ) Delete  
Name: FILLINGIM, TRAMPUS H PRES.  
Address: 130 BRIDLE PATH  
City-St-Zip: ARCADIA, FL 34266

Title: VPRES ( ) Delete  
Name: LACAVA, JOE F V PRES  
Address: REYNOLDS ROAD  
City-St-Zip: ARCADIA, FL 34266

Title: SEC ( ) Delete  
Name: ALBRITTON, GREG SEC  
Address: 3326 NE APPALOOSA STREET  
City-St-Zip: ARCADIA, FL 34266

Title: TREAS ( ) Delete  
Name: ROBERSON, LINDA V TREAS  
Address: 510 HIGH STREET  
City-St-Zip: WAUCHULA, FL 33873

Title: VPRES ( ) Delete  
Name: TORRES, MIGUEL A V PRES  
Address: 2330 REDSTONE AVE  
City-St-Zip: NORTH PORT, FL 34288

**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: ( ) 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: TRAMPUS H FILLINGIM

PRES

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date