

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08072

Entity Name: LOVE A CHILD, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33569 US

New Principal Place of Business:

9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33578 US

Current Mailing Address:

9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33569 US

New Mailing Address:

9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33578 US

FEI Number: 59-2672303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNETTE, SHARYN LEE
9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

BURNETTE, SHARYN LEE
9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33578 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:

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURNETTE, SHARYN LEE,
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: BURNETTE, ROBERT BERRY
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33569

Title: STD () Delete
Name: OSTRANDER, EVIE
Address: 100 EMERSON DRIVE, N.W.
City-St-Zip: PALM BAY, FL

Title: D () Delete
Name: SMITH, SANDRA
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: OSTRANDER, MARK
Address: 100 EMERSON DR., N.W.
City-St-Zip: PALM BAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURNETTE, SHARYN LEE,
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33578

Title: VD (X) Change () Addition
Name: BURNETTE, ROBERT BERRY
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33578

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

Title: D (X) Change () Addition
Name: SMITH, SANDRA
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33578

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: SHARYN BURNETTE

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date