

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004528

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** LOVE CENTER INCORPORATED

**Current Principal Place of Business:**

6037 DUNMIRE AVE  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

**Current Mailing Address:**

6037 DUNMIRE AVE  
JACKSONVILLE, FL 32219

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

PARKER, VIRLEY M  
6037 DUNMIRE AVE  
JACKSONVILLE, FL 32219      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: PD  
Name: PARKER, VIRLEY M  
Address: 7157 WELLAND RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VPD  
Name: PARKER, IRISH I  
Address: 329 BROWARD RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: S  
Name: JONES, LILLIE M  
Address: 6007 MONCRIEF RD W  
City-St-Zip: JACKSONVILLE, FL 32219

Title: T  
Name: CARTER, JOEL S  
Address: 7875 MONCRIEF DISMORE RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: D  
Name: CARTER, JOEL  
Address: 7875 MONCRIEF DISMORE RD  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby 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 all other like empowered.

**SIGNATURE:** VIRLEY M PARKER

PD

01/31/2012

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

\_\_\_\_\_  
Date