

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37389

1. Corporation Name

Tender Loving Care Life Saving Center, Inc.

Principal Place of Business

Mailing Address

1205 NW 12th St
Miami, FL 33147

14015 NW 17th Ave Miami FL 33167-1224

3. Date Incorporated or Qualified

3a. Date of Last Report

4/02/90

6/19/96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0188482

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Musgrove, Almada
14015 NW 17th Ave Miami, FL 33167

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	Musgrove, Almada	
STREET ADDRESS	14015 NW 17th Ave	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Staley, Delpha	
STREET ADDRESS	10899 N.W. 12th Ct.	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	Musgrove, Artolee	
STREET ADDRESS	14015 N.W. 17th Ave	
CITY-ST-ZIP	Miami, FL 33167	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SWANN, ESSIE M.	
STREET ADDRESS	4040 N.W. 19th St	
CITY-ST-ZIP	Miami, FL 33154 TERR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Forbes, Lydia	
STREET ADDRESS	1146 NW 10th St	
CITY-ST-ZIP	Miami, FL 33150	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Geraldine Guinous	
STREET ADDRESS	15120 NW 31st Ave	
CITY-ST-ZIP	Miami, FL 33054	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Almada musgrove

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97

Date

685-4364

Daytime Phone

CR2E037 (9/96)