

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N37389 (6)

1. Corporation Name

TENDER LOVING CARE LIFE SAVING CENTER, INC.

Principal Place of Business

14015 N.W. 17TH AVENUE  
MIAMI FL 33167-1224

Mailing Address

14015 N.W. 17TH AVENUE  
MIAMI FL 33167-1224

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MUSGROVE, ALMADA  
14015 N.W. 17TH AVENUE  
MIAMI FL 33167

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/02/1990

4. FEI Number

65-0188482

Applied For

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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

TITLE CD  
NAME MUSGROVE, ALMADA  
STREET ADDRESS 14015 N.W. 17TH AVENUE  
CITY-ST-ZIP MIAMI FL 33167

☐ DELETE

TITLE D  
NAME HALEY, DELPHA  
STREET ADDRESS 10899 NW 12TH CT.  
CITY-ST-ZIP MIAMI FL 33167

☐ DELETE

TITLE VC  
NAME MUSGROVE, ARTGLEE  
STREET ADDRESS 14015 N.W. 17TH AVENUE  
CITY-ST-ZIP MIAMI FL 33167

☐ DELETE

TITLE SD  
NAME SWANN, ESSIE M  
STREET ADDRESS 4040 NW 191ST TERR  
CITY-ST-ZIP MIAMI FL 33056

☒ DELETE

TITLE D  
NAME FORBES, LYDIA  
STREET ADDRESS 1146 N.W. 104 ST.  
CITY-ST-ZIP MIAMI FL 33150

☐ DELETE

TITLE S  
NAME GAINOUS, GERALDINE  
STREET ADDRESS 15120 N.W. 31 AVENUE  
CITY-ST-ZIP MIAMI FL 33054

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.25.98

Date

305.685.4364

Daytime Phone #

FILED  
Aug 13 1998 8:00am  
Secretary of State



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CR2E037 (5/98)