2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45059

FILED Feb 02, 2009 Secretary of State

Entity Name: THE TENDER LOVING CARE CHILD CARE CENTER, INC.

Current P	Principal Place o	of Business:	New Principal Plac	e of Business:
2325 SIMN HOLLYW	MS ST DOD, FL 33020	US		
Current Mailing Address:		New Mailing Address:		
P.O. B. 12 HOLLYW	:12 OOD, FL 33022	US		
FEI Numbeı	: 65-0294652	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
3051 N [°] 24 HOLLYW	OOD, FL 33020	US		
		bmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
in the Stat	e of Florida.	ibmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
n the Stat	e of Florida. [*] RE:	·		
n the Stat	e of Florida. [*] RE:	ibmits this statement for the positions:		red office or registered agent, or both, Date
in the Stat SIGNATU	e of Florida. [*] RE:	: Signature of Registered Age	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic S AND DIRECTO	Signature of Registered Age ORS: Delete DR.	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic S AND DIRECTO PD () D RORIE, JAMES A 3051 N 24TH AVE HOLLYWOOD, FI	Signature of Registered Age ORS: Delete DR. 33020 US Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
in the Stat SIGNATU	e of Florida. RE: Electronic S AND DIRECTO PD () D RORIE, JAMES A 3051 N 24TH AVE HOLLYWOOD, FI VD () D RORIE, LIONEL N 7465 NW 48TH F LAUDERHILL, FL	Signature of Registered Age ORS: Delete DR. E L 33020 US Delete M PLACE 33319 US Delete N A ENUE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

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: JAMES A. RORIE PD 02/02/2009