


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90196 050 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000005262</b>					
1. Corporation Name <b>THE LOVELANDERS, INC.</b>					
Principal Place of Business <b>4002 S TAMiami TR</b> <b>VENICE FL 34293</b>			Mailing Address <b>4002 S TAMiami TR</b> <b>VENICE FL 34293</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>10/25/1994</b> 4. FEI Number <b>65-0551561</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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9. Name and Address of Current Registered Agent <b>ROBERTS, GREGORY C</b> <b>341 W VENICE AVE</b> <b>VENICE FL 34285</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANEY, MARY	1.2 NAME	
STREET ADDRESS	9 DOMINICA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 3429-3	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, GLENN	2.2 NAME	
STREET ADDRESS	403 WELLINGTON CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, JOYCE	3.2 NAME	
STREET ADDRESS	604 PAGET DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	3.4 CITY-ST-ZIP	
TITLE	RS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER ETHEL	4.2 NAME	
STREET ADDRESS	403 WELLINGTON COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	4.4 CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SHIRLEY	5.2 NAME	
STREET ADDRESS	326 JACARANDA CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

941-497-7967

Daytime Phone #

CR2E037 (11/98)