

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90006 029 ****61.25

DOCUMENT # N94000005262 1. Entity Name THE LOVELANDERS, INC.						
Principal Place of Business 157 HAVANA RD. VENICE, FL 34293			Mailing Address 157 HAVANA RD. VENICE, FL 34293			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		03312004 Chg-NP CR2E037 (10/03)		
Zip		Country		4. FEI Number 65-0551561		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent ROBERTS, GREGORY C 341 W VENICE AVE VENICE, FL 34285			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.			Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUDNIK, CAROL 641 WOOSVALE DR. VENICE, FL 34293 ☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKEY, JOYCE 604 PAGET DR. VENICE, FL ☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KROZSER, GEORGE 570 MOSSY CREEK DR VENICE, FL 34292 ☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, JOY 330 TROJAN RD. VENICE, FL 34293 ☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEARY, CHRISTINE 2544 CARLISLE PL. SARASOTA, FL 34238 ☒ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - DIR. ☒ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSEPHINE DITEMANN 818 GRADO DR VENICE FL 34285 ☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <i>George Krozser</i> - George KROZSER				4/3/04 941-488-8466		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		