

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)

NONPROFIT
CORPORATION
ANNUAL REPORT

1995



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

DOCUMENT # N94000006301 (5)

1. Corporation Name

BRANCHES OF LOVE, INC.

Principal Place of Business

12951 S. CALUSA CLUB DRIVE
MIAMI FL 33186

Mailing Address

12951 S. CALUSA CLUB DRIVE
MIAMI FL 33186

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

4. FEI Number

65-0545854

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ FILING FEE IS
\$61.25

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BONNER, ESPERANZA M
12951 S. CALUSA CLUB DRIVE
MIAMI FL 33186

10. Name and Address of New Registered Agent

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 signatures required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLON, ESPERANZA
STREET ADDRESS	1242 THRUSH AVENUE
CITY - ST - ZIP	MIAMI SPRINGS FL 33166
TITLE	D
NAME	BONNER, ESPERANZA M
STREET ADDRESS	12951 S. CALUSA CLUB DRIVE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	D
NAME	MILLON, PATRICIA
STREET ADDRESS	12951 S. CALUSA CLUB DRIVE
CITY - ST - ZIP	MIAMI FL 33186
TITLE	D
NAME	MILLON, ERIKA
STREET ADDRESS	10701 S.W. 92ND AVE.
CITY - ST - ZIP	MIAMI FL 33176
TITLE	D
NAME	MILLON, MADELAINE
STREET ADDRESS	15200 79TH TERRACE NORTH
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-30-95 (305) 526 1159