


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90093 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003941					
1. Corporation Name TENDER LOVING CARE COMPLEX, INC.					
Principal Place of Business 2104 SW 52 LN CAPE CORAL FL 33914-6848			Mailing Address 2104 SW 52 LN CAPE CORAL FL 33914-6848		



2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 08/16/1995	
4. FEI Number 65-0563230		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent RICHMAN, KENNETH W JR. 2640 GOLDEN GATE PKWY SUITE 206 NAPLES FL 33942			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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNESS, SHERRY A	1.2 NAME	Magness, Sherry A.
STREET ADDRESS	2104 SW 52 LN	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	CAPE CORAL FL 33914-6848	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGNESS, JAMES C	2.2 NAME	William Quisenberry
STREET ADDRESS	2104 SW 52 LN	2.3 STREET ADDRESS	2811 SW 32nd Street
CITY-ST-ZIP	CAPE CORAL FL 33914-6848	2.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ED/VP-Christian Program <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REID, JEFF	3.2 NAME	Pastor Brian Bluett
STREET ADDRESS	1428 SW 27 TERR	3.3 STREET ADDRESS	629 SE 35th Street
CITY-ST-ZIP	CAPE CORAL FL 33914	3.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMAN, KENNETH W JR.	4.2 NAME	Virginia Greenwood
STREET ADDRESS	2640 GOLDEN GATE PKWY SUITE 206	4.3 STREET ADDRESS	3935 Country Club Blvd
CITY-ST-ZIP	NAPLES FL 33942	4.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUBIER, RUTH	5.2 NAME	F. Robert LaGesse
STREET ADDRESS	5245 BIG PINE WAY	5.3 STREET ADDRESS	1727 SE 5th Ct
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SILVIN, BETTY C.	6.2 NAME	
STREET ADDRESS	2638 SW 46TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	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

Date

Daytime Phone #

1/4/99 941-542-4800

CR2E037 (11/98)