

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003941

FILED
Jan 28, 2004
Secretary of State

Entity Name: TENDER LOVING CARE COMPLEX, INC.

Current Principal Place of Business:

2104 SW 52 LN
CAPE CORAL, FL 339146848

New Principal Place of Business:

2104 SW 52 LN
CAPE CORAL, FL 339146848 US

Current Mailing Address:

2104 SW 52 LN
CAPE CORAL, FL 339146848

New Mailing Address:

2104 SW 52 LN
CAPE CORAL, FL 339146848 US

FEI Number: 65-0563230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHMAN, KENNETH W JR.
2640 GOLDEN GATE PKWY
SUITE 206
NAPLES, FL 33942 US

Name and Address of New Registered Agent:

RICHMAN, KENNETH W JR.
8955 FONTANA DEL SOL WAY
NAPLES, FL 34108 US

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.

SIGNATURE: KENNETH RICHMAN

01/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MAGNESS, SHERRY A
Address: 2104 SW 52 LN
City-St-Zip: CAPE CORAL, FL 339146848

Title: SD () Delete
Name: RICHMAN, KENNETH W JR.
Address: 2640 GOLDEN GATE PKWY SUITE 206
City-St-Zip: NAPLES, FL 33942

Title: TD () Delete
Name: LOUBIER, RUTH
Address: 5245 BIG PINE WAY
City-St-Zip: FT MYERS, FL

Title: VP () Delete
Name: GREENWOOD, VIRGINIA
Address: 4208 SE 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RICHMAN, KENNETH W JR.
Address: 8955 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34108

Title: TD (X) Change () Addition
Name: LOUBIER, RUTH
Address: 5245 BIG PINE WAY
City-St-Zip: FT MYERS, FL 33907 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRY A. MAGNESS

CEOD

01/28/2004

Electronic Signature of Signing Officer or Director

Date