

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90118 005 ****61.25

DOCUMENT # N95000003941

1. Entity Name
TENDER LOVING CARE COMPLEX, INC.



Principal Place of Business
1150 SW 20TH AVENUE
CAPE CORAL, FL 33991 US

Mailing Address
1150 SW 20TH AVENUE
CAPE CORAL, FL 33991



01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0563230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature of the registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	GERST, VIRGINIA M
STREET ADDRESS	4208 SE 7TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	SD
NAME	RICHMAN, KENNETH W JR.
STREET ADDRESS	8955 FONTANA DEL SOL WAY
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	TREA
NAME	GOV. AL TONI CAS HURLEY
STREET ADDRESS	3416 SE 18TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	ED
NAME	MAGNESS, SHERRY A
STREET ADDRESS	2104 SW 52ND LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Sherry Magness
SHERRY MAGNESS

3/15/08 **239-542-4800**
Daytime Phone #