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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004853 (6)**

1. Corporation Name

TENDER LOVING CARE CHRISTIAN CENTER, INC.

Principal Place of Business

**11389 DEEP CREEK DRIVE
SPRING HILL FL 33604
US**

Mailing Address

**11389 DEEP CREEK DRIVE
SPRING HILL FL 33604
US**



3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

26-2718646

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

POST OFFICE BOX 10351

22

City & State

27

Brooksville Florida

23

Zip

Country

28

Zip

Country

24

25

29

34603

30

USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOGAN, THOMAS S JR.
20 SOUTH BROAD STREET
BROOKSVILLE FL 34601**

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 user if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ADKINS, DARRELL**
STREET ADDRESS **7254 APT. #D FOREST CITY DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ DELETE

NAME **ADKINS, MARGARET**
STREET ADDRESS **1486 MERCY DRIVE APT. 4**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ DELETE

NAME **HICK, TOMIKA**
STREET ADDRESS **823 SHAYNE STREET**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

SIGNATURE REQUIRED

1-21-98

CR2E037 (10/97)