

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**  
03-17-1999 90151 019 \*\*\*\*61.25

0070649

**DOCUMENT # N95000004853**

1. Corporation Name

**TENDER LOVING CARE CHRISTIAN CENTER, INC.**

Principal Place of Business

11389 DEEP CREEK DRIVE  
SPRING HILL FL 33604  
US

Mailing Address

P.O. BOX 10351  
BROOKSVILLE FL 34803  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

26-2718646

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

9. Name and Address of Current Registered Agent

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

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

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

11 TITLE ☒ Change ☐ Addition  
12 NAME **ADKINS, DARRELL**  
13 STREET ADDRESS **3724 WADE ROAD**  
14 CITY-ST-ZIP **ORLANDO, FLORIDA 32808**

21 TITLE ☐ Change ☒ Addition  
22 NAME **DEACON**  
23 STREET ADDRESS **HUDSON, SR., MALCOLM G.**  
24 CITY-ST-ZIP **215 WALKER AVENUE**  
**BROOKSVILLE, FLORIDA 34601**

31 TITLE ☐ Change ☒ Addition  
32 NAME **CO-PASTOR**  
33 STREET ADDRESS **ADKINS, WILENE**  
34 CITY-ST-ZIP **11389 DEEP CREEK DRIVE**  
**SPRING HILL, FLORIDA 33604**

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

352/799-6996

Daytime Phone #

CR2E037 (1/98)