

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004853**

1. Entity Name

TENDER LOVING CARE CHRISTIAN CENTER, INC.**FILED****Feb 20, 2001 8:00 am**
Secretary of State

02-20-2001 90090 008 ****61.25

Principal Place of Business

**COUNTRY VILLAGE COMPLEX
22287 CORTEZ BLVD
BROOKSVILLE FL 34601
US**

Mailing Address

**P.O. BOX 10351
BROOKSVILLE FL 34603
US****719443**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-2718646

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ADKINS, DARRELL**
STREET ADDRESS **3724 WADE ROAD**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ADKINS, MARGARET**
STREET ADDRESS **1486 MERCY DRIVE APT. 4**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **HUDSON, MALCOLM G SR.**
STREET ADDRESS **215 WALKER AVENUE**
CITY-ST-ZIP **BROOKSVILLE FL 34601**TITLE **D** ☐ Change ☒ Addition
NAME **ERICA SMITH**
STREET ADDRESS **10016 EASTERN LAKE AVE #202**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE **CP** ☐ Delete
NAME **ADKINS, WILENE**
STREET ADDRESS **11389 DEEP CREEK DRIVE**
CITY-ST-ZIP **SPRING HILL FL 33604**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)