

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004853

FILED
Aug 30, 2004
Secretary of State

Entity Name: TENDER LOVING CARE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

COUNTRY VILLAGE COMPLEX
11389 DEEP CREEK DRIVE
SPRING HILL, FL 33604 US

New Principal Place of Business:

COUNTRY VILLAGE COMPLEX
3108 MERLOT WAY
CLERMONT, FL 34714 US

Current Mailing Address:

P.O. BOX 680664
ORLANDO, FL 32868 US

New Mailing Address:

FEI Number: 26-2718646 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADKINS, DARRELL
Address: 3724 WADE ROAD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: ADKINS, MARGARET
Address: 1486 MERCY DRIVE APT. 4
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: SMITH, ERICA
Address: 2332 NORTHERN LEAF STREET
City-St-Zip: ORLANDO, FL 32817

Title: CP () Delete
Name: ADKINS, WILENE
Address: 11389 DEEP CREEK DRIVE
City-St-Zip: SPRING HILL, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CP (X) Change () Addition
Name: ADKINS, WILENE
Address: 3108 MERLOT WAY
City-St-Zip: CLERMONT, FL 34714

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: ERICA SMITH

D

08/30/2004

Electronic Signature of Signing Officer or Director

Date