

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004853

FILED
Feb 20, 2007
Secretary of State

Entity Name: TENDER LOVING CARE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

COUNTRY VILLAGE COMPLEX
3108 MERLOT WAY
CLERMONT, FL 34714 US

New Principal Place of Business:

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: 3108 MERLOT WAY
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADKINS, WILLIE
Address: 3107 MERLOT WAY
City-St-Zip: CLERMONT, FL 34714

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 S. SMITH

D

02/20/2007

Electronic Signature of Signing Officer or Director

Date