

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90085 017 \*\*\*\*61.25

**DOCUMENT # N95000004853**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**11389 DEEP CREEK DRIVE**

3. Mailing Address

**P.O. BOX 680664**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Spring Hill FL**

City & State

**ORLANDO, FL**

Zip

**33604**

Country

Zip

**32808**

Country

**ORANGE**

4. FEI Number **26-2718646**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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-ZIP

TITLE **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-ZIP

TITLE **D** ☐ Delete  
NAME **SMITH, ERICA**  
STREET ADDRESS **10016 EASTERN LAKE AVENUE #202**  
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☒ Change ☐ Addition  
NAME **SMITH, ERICA**  
STREET ADDRESS **2332 NORTHERN LEAF ST**  
CITY-ST-ZIP **ORL, 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-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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**

CR2E037 (10/02)