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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005638 (0)

1. Corporation Name

LOVE CENTER, INCORPORATED

Principal Place of Business

Mailing Address

6037 DUNMIRE AVENUE
JACKSONVILLE FL 32219

6037 DUNMIRE AVENUE
JACKSONVILLE FL 32219-3409



2. Principal Place of Business

2a. Mailing Address

21 6037 DUNMIRE AVE

26 6037 DUNMIRE AVE

22 JACKSONVILLE

27 JACKSONVILLE

23 Florida

28 Florida

24 32219

29 32219

9. Name and Address of Current Registered Agent
PARKER, VIRLEY
6037 DUNMIRE AVENUE
JACKSONVILLE FL 32219

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report
10/28/1996

4. FEI Number
NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PARKER, VIRLEY M
STREET ADDRESS 7157 WELLAND PARK
CITY-ST-ZIP JACKSONVILLE FL 32209

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME CARTER, GEORGE A
STREET ADDRESS 225 DIGNAN STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME GRIFFEN, VERA
STREET ADDRESS 2780 FLEMING STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME PARKER, IRISH I
STREET ADDRESS 8105 TARLING AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32219

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Virley M Parker* 11/27/97

CR2E037 (9/96)