2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000933

1. Entity Name
LOVE OUR CHILDREN, INC.

Principal Place of Business	Mailing Address
2942 WILLOW BEND ORLANDO, FL 32808 US	1113 ALTA AVE., STE. 101 UPLAND, CA 91786 US

04252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3305575

Applied For ☐
Not Applicable ☒

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

6. Name and Address of Current Registered Agent

TURMAN, BETTY E
2942 WILLOW BEND
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALTON, BETTY
STREET ADDRESS	879 SAN MARCUS LN.
CITY-ST-ZIP	DUARTE, CA 91010
TITLE	SD
NAME	TURMAN, BETTY
STREET ADDRESS	2942 WILLOW BEND
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	TD
NAME	WILLIAMS, LINDA
STREET ADDRESS	5214 BERKSHIRE WY.
CITY-ST-ZIP	MONTCLAIR, CA 91763
TITLE	VD
NAME	MILLER, ~~MICHELLE~~ MICHELE
STREET ADDRESS	317 SETTLERS RD.
CITY-ST-ZIP	~~UPLANDO~~, CA 91786 UPLAND
TITLE	A/D
NAME	NAZARETH CONELY
STREET ADDRESS	12015 LAKELAND #212
CITY-ST-ZIP	SANTA FE SPRINGS, CA 90670
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300039537563
07/26/04--01071--014 **61.25

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VM 7/19

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: Betty Walton, President 4/23/04 (626) 357-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #