

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000099479

1. Entity Name
LOVING CARE CHILD DEVELOPMENT CENTER, INC.



Principal Place of Business

1207 S. 28TH ST.
FT. PIERCE, FL 34947

Mailing Address

1207 S. 28TH ST.
FT. PIERCE, FL 34947



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2007570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOGSDON, MARY
1207 S. 28TH ST.
FT. PIERCE, FL 34947

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinitiating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOGSDON, MARY S
STREET ADDRESS 3017 S. 8TH ST.
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE VD
NAME LOGSDON, TOMMY S
STREET ADDRESS 3017 S. 8TH ST.
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE VD
NAME SMITH, JULIAN D JR.
STREET ADDRESS 1207 S. 28TH ST.
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE TD
NAME SMITH, RUTH H
STREET ADDRESS 213 #D MANATEE LANE
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE SD
NAME SMITH, JULIAN D SR.
STREET ADDRESS 213 #D MANATEE LANE
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000600975
01/26/07-80022-019.150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: Mary S Logsdon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2006 772-4104-1518
Date Daytime Phone #