

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

08 NOV 20 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2007570

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Mary Logsdon Director 11/4/2008
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

300137791343
11/10/08--01054--006 **\$58.75

300137791343
11/25/08--01004--011 **\$191.25

DO NOT WRITE
IN THIS SPACE

11/24

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #