

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099479

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: LOVING CARE CHILD DEVELOPMENT CENTER, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2007570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOGSDON, MARY S  
Address: 3017 S. 8TH ST.  
City-St-Zip: FT. PIERCE, FL 34982

Title: VD ( ) Delete  
Name: LOGSDON, TOMMY S  
Address: 3017 S. 8TH ST.  
City-St-Zip: FT. PIERCE, FL 34982

Title: VD ( ) Delete  
Name: SMITH, JULIAN D JR.  
Address: 1207 S. 28TH ST.  
City-St-Zip: FT. PIERCE, FL 34982

Title: TD ( ) Delete  
Name: SMITH, RUTH H  
Address: 213 #D MANATEE LANE  
City-St-Zip: FT. PIERCE, FL 34982

Title: SD ( ) Delete  
Name: SMITH, JULIAN D SR.  
Address: 213 #D MANATEE LANE  
City-St-Zip: FT. PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOGSDON, MARY S  
Address: 215 CORINNE RD  
City-St-Zip: FT. PIERCE, FL 34945

Title: VD (X) Change ( ) Addition  
Name: LOGSDON, TOMMY S  
Address: 215 CORINNE RD  
City-St-Zip: FT. PIERCE, FL 34945

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOGSDON

PRES

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date