2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P01000099479

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY S. LOGSDON PD 04/29/2011

Electronic Signature of Signing Officer or Director Date