

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000065762

FILED
Jan 31, 2012
Secretary of State

Entity Name: LOVING CARE LEARNING CENTER, INC.

Current Principal Place of Business:

15590 SEA MIST LANE
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

15590 SEA MIST LANE
WEST PALM BEACH, FL 33414 US

New Mailing Address:

FEI Number: 65-0437773 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEHLS, SHEILA
15590 SEA MIST LANE
WEST PALM BEACH, FL 33414 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: NEHLS, SHEILA
Address: 100 CHAIRFACTORY RD
City-St-Zip: ELMA, NY 14059

Title: VD
Name: CARVILLE, MARY
Address: 7972 SOUTH A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD
Name: NEHLS, RICHARD
Address: 100 CHAIRFACTORY RD
City-St-Zip: ELMA, NY 14059

Title: TD
Name: CARVILLE, PATRICK
Address: 7972 SOUTH A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

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: SHEILA NEHLS

PRES

01/31/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date