

# 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