

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90119 003 ***150.00

DOCUMENT # P96000042480

1. Corporation Name

**LOVING CARE LEARNING CENTER AT RANCH HOUSE ROAD,
INC.**



Principal Place of Business

**2927 RANCH HOUSE RD
W PALM BCH FL 33406
US**

Mailing Address

**1807 SHOWER TREE WAY
WELLINGTON FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **4557 CARAMBOLA CIR S**

27 Suite, Apt. #, etc.

28 **COCONUT CREEK**

29 City & State

30 **FLORIDA**

31 Zip

32 **33066**

33 Country

34 **USA**

4. FEI Number

65-0682479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**NEHLS, SHEILA
1807 SHOWER TREE WAY
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name

MARIA DRENNEN

82 Street Address (P.O. Box Number is Not Acceptable)

4557 CARAMBOLA CIRCLE SOUTH

83

COCONUT CREEK FL

84 City

FL

85 Zip Code

33066

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **MARIA DRENNEN (PRES)**

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

(NOT E: Registered Agent signature required when reinstating)

4/23/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**PD
NEHLS, SHEILA
1807 SHOWER TREE WAY
WELLINGTON FL 33414**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**CEO
CARVILLE, PATRICK
9721 CAROUSEL CIRCLE N.
BOCA RATON FL 33434**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**STD
CARVILLE, MARY
9721 CAROUSEL CIRCLE N.
BOCA RATON FL 33434**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

PD

MARIA DRENNEN

4557 CARAMBOLA CIRCLE SOUTH

COCONUT CREEK FL 33066

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

SEC'T

JEFF DRENNEN

4557 CARAMBOLA CIRCLE SOUTH

COCONUT CREEK FL 33066

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Yona Drennen (PRES) MARIA DRENNEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

DATE

561 615-4412

DAYTIME PHONE #

CR2E034 (11/98)

0331136