

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000895

FILED
Apr 30, 2009
Secretary of State

Entity Name: LOVING STORK CHARITIES FOUNDATION, INC.

Current Principal Place of Business:

9 S. 71ST AVE.
PENSACOLA, FL 32506

New Principal Place of Business:

3111 W. DR. MARTIN LUTHER KING BLVD
SUITE 100
TAMPA, FL 33607

Current Mailing Address:

9 S. 71ST AVE.
PENSACOLA, FL 32506

New Mailing Address:

3111 W. DR. MARTIN LUTHER KING BLVD
SUITE 100
TAMPA, FL 33607

FEI Number: 56-2550778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOISSELLE, LORRAINE T
9 S. 71ST AVE.
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

HAMAD, CYNTHIA T
3111 W. DR. MARTIN LUTHER KING BLVD
SUITE 100
TAMPA, FL 33607 US

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: CYNTHIA HAMAD

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOKIN, DENIS
Address: 5875 FEARY BLVD.
City-St-Zip: SAN FRANCISCO, CA 94121

Title: V () Delete
Name: SAAKOVA, NANA
Address: 3811 1/2 ANZA ST.
City-St-Zip: SAN FRANCISCO, CA 94121

Title: S () Delete
Name: GUTSOYT, OLEJ
Address: 453 34TH AVE.
City-St-Zip: SAN FRANCISCO, CA 94121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANA SAAKOVA

V

04/30/2009

Electronic Signature of Signing Officer or Director

Date