

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N07000011583

Entity Name: LOVE DEMONSTRATED, INCORPORATED

Current Principal Place of Business:

1233 45TH STREET
B-1
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1233 45TH STREET
B-1
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 26-1504036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADSHAW, TRACI Y
817 2ND STREET
1
WEST PALM BEACH, FL 33407 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: P () Delete
Name: BRADSHAW, TRACI Y
Address: 817 2ND STREET #1
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP () Delete
Name: PREVALUS, BIANCA D
Address: 300 20TH STREET # 1
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D () Delete
Name: JENKINS, EMMANUEL
Address: 2549 WESTCHESTER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: D () Delete
Name: BIGHAMS, BRANDI J
Address: 5472 CLUB CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: D () Delete
Name: THOMAS, TROLENA
Address: 2301 NORTH WEST 27TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GIPSON, SUSAN
Address: 16874 ORANGE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: TRACI Y. BRADSHAW

P

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date