

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005525

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC2733429845**

**Entity Name:** LOVE SANFORD PROJECT INC.

**Current Principal Place of Business:**

800 HISTORIC GOLDSBORO BLVD  
SANFORD, FL 32771

**Current Mailing Address:**

P.O BOX 1385  
SANFORD, FL 32771

**FEI Number:** 90-0864469

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CENTRAL FLORIDA DREAM CENTER INC.  
800 HISTORIC GOLDSBORO BLVD  
SANFORD, FL 32771 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BENJAMIN, PAUL RSR.  
Address 800 HISTORIC GOLDSBORO BLVD.  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name BARBOSA, ANTONIO JR.  
Address P.O. BOX 1385  
City-State-Zip: SANFORD FL 32772

Title ST  
Name THRIFT, BELINDA  
Address PO BOX 1385  
City-State-Zip: SANFORD FL 32772

Title D  
Name BENJAMIN, DAWN  
Address P.O. BOX 1385  
City-State-Zip: SANFORD FL 32772

Title VP  
Name MURPHY, ARTHUR J  
Address 225 N. KENNEL ROAD  
City-State-Zip: SANFORD FL 32771

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

**SIGNATURE:** PAUL BENJAMIN

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date