## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005525

Entity Name: LOVE SANFORD PROJECT INC.

**Current Principal Place of Business:** 

225 N. KENNEL ROAD 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. 225 N. KENNEL ROAD 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

**FILED** Apr 30, 2016

**Secretary of State** 

CC1492638224

Officer/Director Detail:

Title Title DIRECTOR

BENJAMIN, PAUL RSR. Name BARBOSA, ANTONIO JR. Name

Address Address P.O. BOX 1385 225 N. KENNEL ROAD

City-State-Zip: SANFORD FL 32772 SANFORD FL 32771 City-State-Zip:

Title D Title ST

Name BENJAMIN, DAWN THRIFT, BELINDA Name Address P.O. BOX 1385 Address 225 N. KENNEL ROAD SANFORD FL 32772 City-State-Zip: City-State-Zip: SANFORD FL 32771

VΡ Title

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 SR **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

04/30/2016 Date