

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010249

Entity Name: LOVE 2 GIVE INC.**Current Principal Place of Business:**8415 N 16TH ST
TAMPA, FL 33604**Current Mailing Address:**PO BOX 3443
RIVERVIEW, FL 33578 US**FEI Number:** 82-3058708**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JENKINS, CASSY R
9525 GROVEDALE CIRCLE
202
RIVERVIEW, FL 33578 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:** CASSY R JENKINS

04/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JENKINS , CASSY R
Address PO BOX 3443
City-State-Zip: RIVERVIEW FL 33578

Title VP
Name STEWART, LATISHA A
Address PO BOX 3443
City-State-Zip: RIVERVIEW FL 33578

Title SECRETARY
Name STEWART , JACQUELYNE R
Address PO BOX 3443
City-State-Zip: RIVERVIEW FL 33578

Title TREASURER
Name DUDLEY , JANELDA G
Address PO BOX 3443
City-State-Zip: RIVERVIEW FL 33578

Title ASST. TREASURER
Name BATES , RENADA K
Address PO BOX 3443
City-State-Zip: RIVERVIEW FL 33578

Title BOARD MEMBER
Name WEEKLEY, REGINA
Address PO BOX 3443
City-State-Zip: RIVERVIEW FL 33568

Title BOARD MEMBER
Name ROBERTSON , DEVONNA
Address PO BOX 3443
City-State-Zip: RIVERVIEW FL 33568

Title BOARD MEMBER
Name COOPER , CONSUELA
Address PO BOX 3443
City-State-Zip: RIVERVIEW FL 33578

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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: CASSY R JENKINS**FOUNDER/CEO**

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	BOARD MEMBER	Title	BOARD MEMBER
Name	SALLIS , JOY	Name	JENKINS , CHARLES D
Address	PO BOX 3443	Address	PO BOX 3443
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	RIVERVIEW FL 33578