

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010249

Entity Name: LOVE 2 GIVE INC.**Current Principal Place of Business:**9780 CARLSDALE DRIVE
RIVERVIEW, FL 33578**Current Mailing Address:**PO BOX
RIVERVIEW, FL 33568 US**FEI Number: 82-3058708****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JENKINS, CASSY
9780 CARLSDALE DRIVE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title S
Name EBONIQUE MARTIN
Address PO BOX
City-State-Zip: RIVERVIEW FL 33568Title S
Name GINA WEEKLEY
Address PO BOX
City-State-Zip: RIVERVIEW FL 33568Title S
Name MANDY BRADSHAW-TATE
Address PO BOX
City-State-Zip: RIVERVIEW FL 33568Title S
Name DR. CONSUELA COOPER PH.D
Address PO BOX
City-State-Zip: RIVERVIEW FL 33568Title P
Name JENKINS, CASSY
Address 9780 CARLSDALE DRIVE
City-State-Zip: RIVERVIEW FL 33578Title DIRECTOR
Name STEWART, LATISHA
Address 8415 N 16TH STREET
City-State-Zip: TAMPA FL 33604Title EXECUTIVE SECRETARY
Name DEVONNA, ROBINSON
Address 5910 LAURA LANE
City-State-Zip: SAN BERNARDINO CA 92354

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: LATISHA STEWART**DIRECTOR****04/17/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date