

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003067

**Entity Name:** LOCKS OF LOVE INC.

**Current Principal Place of Business:**

234 SOUTHERN BLVD.  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

C/O COPILEVITZ, LAM & RANEY, PC  
310 W. 20TH STREET SUITE 300  
KANSAS CITY, MO 64108 US

**FEI Number:** 65-0755522

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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            PRESIDENT & CEO  
Name            COFFMAN, MADONNA  
Address        234 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name            BARRIE, DOROTHY  
Address        234 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            GENERAL MANAGER & CFO  
Name            LINDA, BORUM  
Address        234 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            VICE PRESIDENT  
Name            MILLER, LINNETTE  
Address        234 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            SECRETARY / TREASURER  
Name            WHITE, DAVID  
Address        234 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name            COFFMAN, ABIGAIL  
Address        234 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name            WEBER SHUREN, ALLISON  
Address        234 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name            CONIGLIO, GAIL  
Address        234 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

*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: MADONNA W. COFFMAN**

**PRESIDENT & CEO**

**02/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date