

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753745

FILED
Feb 20, 2009
Secretary of State

Entity Name: LOVE AND CARE NONPROFIT ANIMAL ASSOCIATION, INC.

Current Principal Place of Business:

16231 REDINGTON DR
REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

16231 REDINGTON DR
REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: 59-2025357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, MICHAEL A.
ONE PROGRESS PLAZA
SUITE 1400
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

BROWN, MICHAEL A
ONE PROGRESS PLAZA
SUITE 1400
ST. PETERSBURG, FL 33701 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: MICHAEL A. BROWN

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LEAVENGOOD, C.R. (MR, S)
Address: 16231 REDINGTON DR
City-St-Zip: REDINGTON BEACH, FL

Title: P () Delete
Name: BROWN, MICHAEL A
Address: 15843 REDINGTON DR
City-St-Zip: REDINGTON BEACH, FL 33708

Title: ST () Delete
Name: NEUMANN, JANE
Address: 203 162ND AVE
City-St-Zip: REDINGTON BEACH, FL 33708

Title: V () Delete
Name: BARLOW, WILLIAM G
Address: 1146 14 ST NO.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T () Delete
Name: SMITH, BARBARA B.
Address: 11651 MAGNOLIA AVENUE
City-St-Zip: SEMINOLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CB (X) Change () Addition
Name: LEAVENGOOD, DOROTHY B
Address: 16231 REDINGTON DR
City-St-Zip: REDINGTON BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SMITH, BARBARA B
Address: 11651 MAGNOLIA AVENUE
City-St-Zip: SEMINOLE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOROTHY B. LEAVENGOOD

CB

02/20/2009

Electronic Signature of Signing Officer or Director

Date