

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001550

FILED
Apr 12, 2006
Secretary of State

Entity Name: THE LOVE FOUNDATION, INCORPORATED

Current Principal Place of Business:

3822 W SANTIAGO ST
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10114
TAMPA, FL 33679

New Mailing Address:

FEI Number: 59-3639451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, HAROLD W
3822 W SANTIAGO ST
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECKER, HAROLD W
Address: 3822 SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: GOLTZ, JOHN T
Address: 3822 SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: RODRIGUEZ, FRANCINE
Address: 8649 N. HIMES #223
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: KATZIN, TAM
Address: 4762 WHITWORTH PLACE S., P-102
City-St-Zip: RENTON, WA 98055

Title: D () Delete
Name: BUTLER, DARLENE
Address: 3107 MAGDALENE FOREST CT.
City-St-Zip: TAMPA, FL 33618

Title: D (X) Delete
Name: CHIDEL, LANIS L
Address: 5007 MELROW CT
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: KATZIN, TAM
Address: 4762 WHITWORTH PLACE S., P-102
City-St-Zip: RENTON, WA 98055

Title: D (X) Change () Addition
Name: BUTLER, DARLENE
Address: 3107 MAGDALENE FOREST CT.
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: CHIDEL, LANIS L
Address: 5007 MELROW CT
City-St-Zip: TAMPA, FL 33624

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD W. BECKER

Electronic Signature of Signing Officer or Director

PRES

04/12/2006

_____ Date