
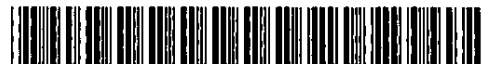


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007578</b>		
1. Entity Name FIRST LOVE, INCORPORATED		
Principal Place of Business 879 LYNBROOK STREET NW PALM BAY, FL 32907	Mailing Address PO BOX 061737 PALM BAY, FL 32906	



02112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1649555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RICHARDSON, JUANA L 879 LYNBROOK STREET NW PALM BAY, FL 32907	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>		<p>U00000829565 02/26/08-80047-003 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, JUANA PO BOX 061737 PALM BAY, FL 32906	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, SHARON D 2801 WEST JACKSON STREET PENSACOLA, FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOTS, EARL W PO BOX 147 HOUSTON, TX 77001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, BERNARD 884 CHATSWORTH DRIVE MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, STEPHANIE 3219 REDWOOD LANE MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Juana L. Richardson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*February 11, 2008*  
Date

*321-676-3147*  
Daytime Phone #