


FILED
May 05, 2005 8:00 am
Secretary of State

DOCUMENT # N03000004344					
1. Entity Name LOVELY LITA'S SHELTERING TREE FOUNDATION, INC.					
Principal Place of Business 1110 SOUTH PINE LAKE DRIVE TAMPA, FL 33612			Mailing Address 1110 SOUTH PINE LAKE DRIVE TAMPA, FL 33612		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
5. Name and Address of Current Registered Agent					
CLARK, KAREN A 1110 SOUTH PINE LAKE DRIVE TAMPA, FL 33612				Name	
				Street Address	
				City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS					
TITLE		D		<input type="checkbox"/> Delete	
NAME		CLARK, KAREN A			
STREET ADDRESS		1110 SOUTH PINE LAKE DRIVE			
CITY-ST-ZIP		TAMPA, FL 33612			
TITLE		D		<input type="checkbox"/> Delete	
NAME		SELBACH, SUSAN			
STREET ADDRESS		877 HAWTHORNE LANE			
CITY-ST-ZIP		HARTLAND, WI 53029			
TITLE		D		<input type="checkbox"/> Delete	
NAME		PUGLIESE, JANICE			
STREET ADDRESS		2328 E 110TH AVENUE			
CITY-ST-ZIP		TAMPA, FL 33612			
TITLE		D		<input type="checkbox"/> Delete	
NAME		HOLLETT, ELIZABETH			
STREET ADDRESS		8405 N. HIMES AVE.			
CITY-ST-ZIP		TAMPA, FL 33614			
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11.					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					