2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300004344 1. Entity Name LOVELY LITA'S SHELTERING TREE FOUNDATION, INC.								()5-05-2005 9	90093 046	ó ****61.	.25
Principal Place of Business 1110 SOUTH PINE LAKE DRIVE TAMPA, FL 33612			1110	Mailing Address 1110 SOUTH PINE LAKE DRIVE TAMPA, FL 33612								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04292005	Chg-NP	CR2E03	7 (10/03)	
City & State			Cit	City & State				4. FEI Number 55 - 0	330180			plied For t Applicable
Zip		Country	Ziţ		Cou	untry .		5. Certificate of		1	\$8.75 Add Fee Required	
	6. Name	d Agent Nam				7. Name and Address of New Registered Agent						
CLARK, KAREN A 1110 SOUTH PINE LAKE DRIVE TAMPA, FL 33612						L	ddress (I	P.O. Box Number i	s Not Acceptable	e)		
					City		•		FL	Zip Code	9	
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												
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution.								\$5.00 May Be Added to Fees		faké check rida Depart		
10. OFFICERS AND DIRECTO						-	ADDITIONS/CHAN	GES TO OFFICE	R\$ AND DIF	ECTORS IN	110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		KAREN A JTH PINE LAKE DRIV FL 33612	/E	☐ Delete		_					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLBAC 877 HAW	CH, SUSAN THORNE LANE ND, WI 53029		☐ Delete	TITL NAM STRE	E				,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGLIES 2328 E 1°	SE, JANICE 10TH AVENUE FL 33612		☐ Delete	TITL NAM Stre	£		:			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLETT 8405 N. H	Γ, ELIZABETH HIMES AVE. FL 33614		☐ Delete					•		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.												

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR