

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004344

FILED
Mar 26, 2007
Secretary of State

Entity Name: LOVELY LITA'S SHELTERING TREE FOUNDATION, INC.

Current Principal Place of Business:

1110 SOUTH PINE LAKE DRIVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1110 SOUTH PINE LAKE DRIVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 55-0830180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, KAREN A
1110 SOUTH PINE LAKE DRIVE
TAMPA, FL 33612 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: D () Delete
Name: CLARK, KAREN A
Address: 1110 SOUTH PINE LAKE DRIVE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: SELLBACH, SUSAN
Address: 877 HAWTHORNE LANE
City-St-Zip: HARTLAND, WI 53029

Title: D () Delete
Name: PUGLIESE, JANICE
Address: 2328 E 110TH AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: HOLLETT, ELIZABETH
Address: 8405 N. HIMES AVE.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SELLBACH, SUSAN
Address: 2 BARRINGTON AVE
City-St-Zip: BLUFFTON, SC 29910

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

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: KAREN A. CLARK

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

Date