# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2009**
**Secretary of State**

DOCUMENT# N03000004344

**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: 2 BARRINGTON AVE
City-St-Zip: BLUFFTON, SC 29910

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition
Name: HALL, KATHLEEN
Address: 5402 EUREKA SPRINGS RD
City-St-Zip: TAMPA, FL 33610

Title: D (X) Change ( ) Addition
Name: RICHARDSON, LISA
Address: 2454 MARTHA LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Change ( ) Addition
Name: BAKER, SUSAN M
Address: 12924 VERONICA AVE
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Change (X) Addition
Name: COATS, JULEANNE C
Address: 510 CARRIAGE HILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify 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 03/10/2009
Electronic Signature of Signing Officer or Director — Date