

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90077 050 ****61.25

DOCUMENT # N03000008794

1. Entity Name
LOVE FOR PERU FOUNDATION, INC.



Principal Place of Business
~~3627 TIGER POINT BOULEVARD~~
GULF BREEZE, FL 32563

Mailing Address
~~3627 TIGER POINT BOULEVARD~~
GULF BREEZE, FL 32563

*1100 SHORELINE DR. #219
GULF BREEZE, FL 32561*

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072007

Chg-NP

CR2E037 (12/06)

4. FEI Number
86-1086175

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLIMANO, PIERO
~~3627 TIGER POINT BOULEVARD~~
GULF BREEZE, FL 32563

*1100 SHORELINE DR
#219
GULF BREEZE, FL
32561*

Name

Street Address (P.O. Box Number is Not Acceptable)

1100 SHORELINE DR; #219

City

GULF BREEZE

FL

Zip Code

32561

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SOLIMANO, PIERO
STREET ADDRESS ~~3627 TIGER POINT BOULEVARD~~
CITY-ST-ZIP GULF BREEZE, FL ~~32563~~

TITLE ☒ Change ☐ Addition
NAME *1100 SHORELINE DR. #219*
STREET ADDRESS *GULF BREEZE, FL. 32561*
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SOLIMANO, MAGALI
STREET ADDRESS ~~3627 TIGER POINT BOULEVARD~~
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☒ Change ☐ Addition
NAME *1100 SHORELINE DR; #219*
STREET ADDRESS *GULF BREEZE, FL. 32561*
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHARRON, TOM
STREET ADDRESS 4115 SOUNDPOINTE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FOLKERS, SPARKIE
STREET ADDRESS 2 FAIRPOINT PLACE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BELL, JAMES
STREET ADDRESS 4040 SOUNTPONTE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LINNE, JOYCE
STREET ADDRESS 4092 SOUNDPOINTE DRIVE
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Change ☐ Addition
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:

Magali Solimano **MAGALI SOLIMANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(850)
934-6144*