# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2007**
**Secretary of State**

DOCUMENT# N04000000756

**Entity Name:** LOVING ASSISTING NURTURING EDUCATING & SUPPORTING TEENAGE GIRLS, INC.

**Current Principal Place of Business:**

3934 MAGNOLIA LAKE LANE
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

3934 MAGNOLIA LAKE LANE
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number: 45-0533559** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS, LISA D
3934 MAGNOLIA LAKE LANE
ORLANDO, FL 32810 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: | PD | ( ) Delete |
| Name: | WILLIAMS, LISA | |
| Address: | 3934 MAGNOLIA LAKE LANE | |
| City-St-Zip: | ORLANDO, FL 32810 | |
| Title: | VD | ( ) Delete |
| Name: | PALMBLAD, LESLIE | |
| Address: | 10639 LEAFY WAY | |
| City-St-Zip: | ORLANDO, FL 32821 | |
| Title: | STD | ( ) Delete |
| Name: | BARTON, MADALYN | |
| Address: | 1615 E. CHURCH ST. | |
| City-St-Zip: | ORLANDO, FL 32803 | |
| Title: | M | ( ) Delete |
| Name: | WILLIAMS, BELINDA | |
| Address: | 1510 PROVIDENCE CIRCLE | |
| City-St-Zip: | ORLANDO, FL 32818 | |
| Title: | M | ( ) Delete |
| Name: | THOMAS, JACQUELINE | |
| Address: | 1109 N POWERS DRIVE | |
| City-St-Zip: | ORLANDO, FL 32818 | |
| Title: | M | ( ) Delete |
| Name: | DALLAS, SHANNON J | |
| Address: | 2804 N POWERS DRIVE #30 | |
| City-St-Zip: | ORLANDO, FL 32818 | |

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

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 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: LISA WILLIAMS PD 04/24/2007

Electronic Signature of Signing Officer or Director — Date