

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000756

FILED
Mar 14, 2009
Secretary of State

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 (X) Delete
Name: THOMAS, JACQUELINE
Address: 1109 N POWERS DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: M (X) 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: S (X) Change () Addition
Name: DALLAS, SHANNON D
Address: 2804 N POWERS DRIVE #30
City-St-Zip: ORLANDO, FL 32818

Title: T (X) Change () Addition
Name: THOMAS, JACQUELINE
Address: 1109 N POWERS DRIVE
City-St-Zip: ORLANDO, FL 32818

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

03/14/2009

Electronic Signature of Signing Officer or Director

Date