2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2008 8:00 am
Secretary of State
03-24-2008 90037 003 ****61.25

DOCUMENT # N04000009801

1. Entity Name

LOVING THE LEAST OF THESE INC.

Principal Place of Business	Mailing Address
152 SHADOW RIDGE DR GRAHAM NC 27253	2152 SHADOW RIDGE DR GRAHAM NC 27253

66U13043

1st MOORE CR2E037 (10/07)

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

4. FEI Number: 20-1816954 ☐ 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
BECKHAM, GEORGE 6130 LAKE LIZZIE DR SAINT CLOUD FL 34771	Name: ANTHONY HATCH Street Address (P.O. Box Number is Not Acceptable): 6130 LAKE LIZZIE DR SAINT CLOUD FL. 34771 City: SAINT CLOUD FL. Zip Code: 34771

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: ANTHONY HATCH 6-4-08
Signature, typed or printed name of registered agent and the date signed. (NOTE: Registered Agent signature required by law) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BECKHAM, GEORGE 2152 SHADOW RIDGE DR GRAHAM NC 27253	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUDIE VICKERS 139 PIEDMONT WAY BURLINGTON, NC. 27217	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BECKHAM, GLENDA 2152 SHADOW RIDGE DR GRAHAM NC 27253	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIGH VICKERS 139 PIEDMONT WAY BURLINGTON, NC. 27217	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATCH, ANTHONY 6130 LAKE LIZZIE DR. SAINT CLOUD FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATCH, VICKI 6130 LAKE LIZZIE DR SAINT CLOUD FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. BECKHAM, TODD BRIAN 983 N. SALISBURY DR GO SALISBURY NC 28146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GEORGE BECKHAM 3-11-08 321-624 3894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #