

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

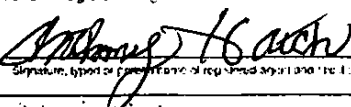
FILED
Jun 10, 2008 8:00 am
Secretary of State

03-24-2008 90037 003 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # N04000009801					
1. Entity Name LOVING THE LEAST OF THESE INC.					
Principal Place of Business 152 SHADOW RIDGE DR GRAHAM NC 27253			Mailing Address 2152 SHADOW RIDGE DR GRAHAM NC 27253		
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 BECKHAM, GEORGE 6130 LAKE LIZZIE DR SAINT CLOUD FL 34771			7. Name and Address of New Registered Agent Name ANTHONY HATCH Street Address 6130 LAKE LIZZIE DR 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	
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	PD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BECKHAM, GEORGE		NAME	AUDIE VICKERS	
STREET ADDRESS	2152 SHADOW RIDGE DR		STREET ADDRESS	139 PIEDMONT WAY	
CITY- ST- ZIP	GRAHAM NC 27253		CITY- ST- ZIP	BURLINGTON, NC. 27217	
TITLE	SD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BECKHAM, GLENDA		NAME	LEIGH VICKERS	
STREET ADDRESS	2152 SHADOW RIDGE DR		STREET ADDRESS	139 PIEDMONT WAY	
CITY- ST- ZIP	GRAHAM NC 27253		CITY- ST- ZIP	BURLINGTON, NC. 27217	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HATCH, ANTHONY		NAME		
STREET ADDRESS	6130 LAKE LIZZIE DR.		STREET ADDRESS		
CITY- ST- ZIP	SAINT CLOUD FL 34771		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HATCH, VICKI		NAME		
STREET ADDRESS	6130 LAKE LIZZIE DR		STREET ADDRESS		
CITY- ST- ZIP	SAINT CLOUD FL 34771		CITY- ST- ZIP		
TITLE	MR.	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BECKHAM, TODD BRIAN		NAME		
STREET ADDRESS	983 N. SALISBURY DR GO		STREET ADDRESS		
CITY- ST- ZIP	SALISBURY NC 28146		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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		Caption Figure #	