

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009801

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** LOVING THE LEAST OF THESE INC.

**Current Principal Place of Business:**

6130 LAKE LIZZIE DRIVE  
SAINT CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

6130 LAKE LIZZIE DRIVE  
SAINT CLOUD, FL 34771

**New Mailing Address:**

FEI Number: 20-1816954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HATCH, ANTHONY O  
6130 LAKE LIZZIE DR  
SAINT CLOUD, FL 34771 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: D  
Name: HATCH, ANTHONY O  
Address: 6130 LAKE LIZZIE DRIVE  
City-St-Zip: ST. CLOUD, FL 34771

Title: D  
Name: HATCH, VICKI M  
Address: 6130 LAKE LIZZIE DRIVE  
City-St-Zip: ST. CLOUD, FL 34771

Title: O  
Name: VICKERS, AUDIE  
Address: 139 PIEDMONT WAY  
City-St-Zip: BURLINGTON, NC 27217

Title: O  
Name: VICKERS, LILEA  
Address: 139 PIEDMONT WAY  
City-St-Zip: BURLINGTON, NC 27217

Title: O  
Name: WHITING, JOHN E  
Address: 1477 MANATEE STREET  
City-St-Zip: INTERCESSION CITY, FL 33848

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY O. HATCH

D

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date