


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004389 1. Entity Name LOVING LEGACY FOUNDATIONS, INC.	
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Principal Place of Business 1459 LISA DRIVE WAUCHULA, FL 33873 US	Mailing Address 1459 LISA DRIVE WAUCHULA, FL 33873 US
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3055937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ABLES & RITENOUR, P.A.
202 WEST MAIN STREET
SUITE #103
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

000000947256
06/02/08-80007-002 61.25

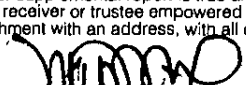
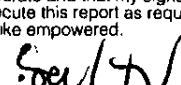
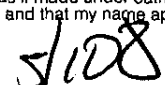
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDENFIELD, CARRIE S 1459 LISA DRIVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANLEY, MICHAEL L 203 SOUTH SEVENTH AVENUE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, SARAH 2738 EAST MAIN STREET WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:   

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____