


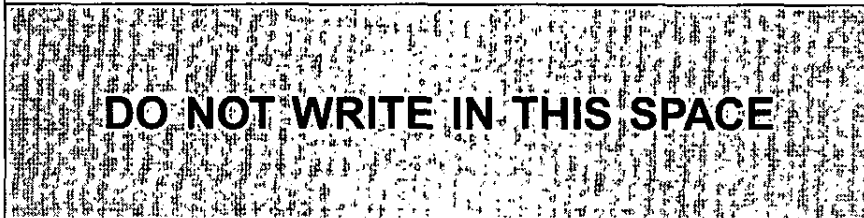
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N05000004389
 1. Entity Name
LOVING LEGACY FOUNDATIONS, INC.



Principal Place of Business Mailing Address
1459 LISA DRIVE **1459 LISA DRIVE**
WAUCHULA, FL 33873 US **WAUCHULA, FL 33873 US**



05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3055937 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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



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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

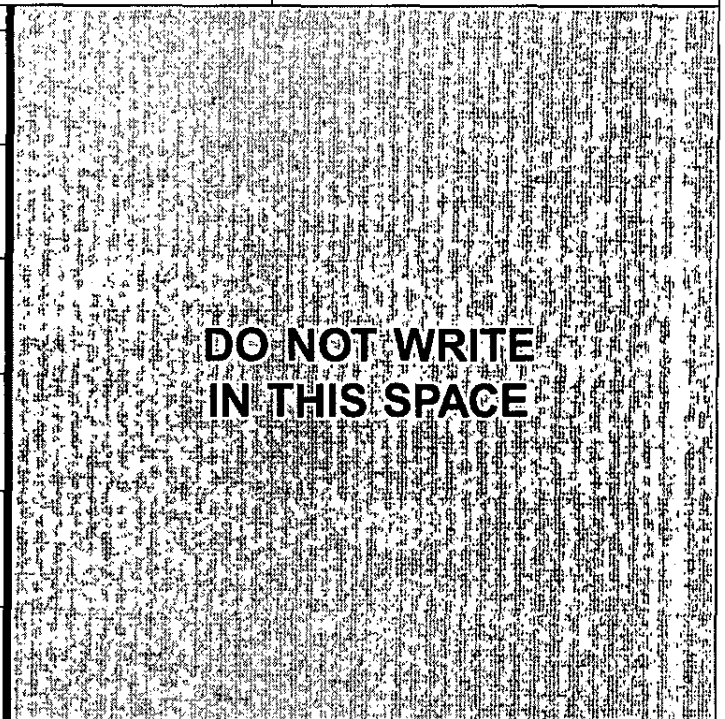
U00000947256
 05/02/08-80007-002 61.25

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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



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:  Date: **5/02/08** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR