

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005061

FILED
Mar 12, 2009
Secretary of State

Entity Name: MEMORIES OF LOVE FOUNDATION, INC.

Current Principal Place of Business:

C/O GOTTLIEB & ASSOCIATES
4932 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

C/O GOTTLIEB & ASSOCIATES
4932 SUNBEAM ROAD
JACKSONVILLE, FL 32257

Current Mailing Address:

C/O GOTTLIEB & ASSOCIATES
4932 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

C/O GOTTLIEB & ASSOCIATES
4932 SUNBEAM ROAD
JACKSONVILLE, FL 32257

FEI Number: 13-4298184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHSTEIN, SIMON D ESQ
ADAMS ROTHSTEIN & SIEGEL PA
4417 BEACH BLVD SUITE 104
JACKSONVILLE, FL 32207 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 () Delete
Name: LANDWORTH, HENRI
Address: 229 ROYAL TERN ROAD NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD () Delete
Name: GOTTLIEB, MELVIN
Address: 4932 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD () Delete
Name: DRINKWATER, J. MICHAEL
Address: 4932 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELVIN GOTTLIEB

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date