

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005363

FILED
Jan 16, 2009
Secretary of State

Entity Name: LACES OF LOVE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2026 7TH ST S
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

2026 7TH ST S
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-2870936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, SUSAN A
2026 7TH STREET S
NAPLES, FL 34102 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: NEALON, JEANNE
Address: 1976 BETHANY PL
City-St-Zip: NAPLES, FL 34109 US

Title: D () Delete
Name: GOMORY, CHRISSY
Address: 1920 BETHANY PL
City-St-Zip: NAPLES, FL 34109 US

Title: D () Delete
Name: WARREN, SUSAN A
Address: 2026 7TH ST S
City-St-Zip: NAPLES, FL 34102 US

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: SUSAN WARREN

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

Date