2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# N06000000134

Entity Name: INSPIRED BY LOVE OF N. FL. INC.

Current Principal Place of Business:

856 DELAWARE ST
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

856 DELAWARE ST
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 72-1660418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ISSAC E
856 DELAWARE ST
TALLAHASSEE, FL 32304 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: P ( ) Delete
Name: WILLIAMS, ISSAC E
Address: 856 DELAWARE ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: V ( ) Delete
Name: MARSHALL, LENNY REV
Address: 702 MARTIN LUTHER KING DR S.W. APT 301
City-St-Zip: ATLANTA, GA 30314

Title: S ( ) Delete
Name: EDWARDS, STEPHANIE M
Address: 2117 LOYAL LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: WILLIAMS, BETTY J
Address: 856 DELAWARE ST
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: EDWARDS, STEPHANIE M
Address: 856 DELAWARE ST
City-St-Zip: TALLAHASSEE, FL 32304

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: ISSAC E. WILLIAMS P 01/23/2008

Electronic Signature of Signing Officer or Director — Date