

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000237

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FROM MEGGAN, WITH LOVE, INC.

## Current Principal Place of Business:

11360 FORTUNE CIRCLE  
SUITE E6  
WELLINGTON, FL 33414

## New Principal Place of Business:

17315 71 LANE NO  
LOXAHATCHEE, FL 33470

## Current Mailing Address:

11360 FORTUNE CIRCLE  
SUITE E6  
WELLINGTON, FL 33414

## New Mailing Address:

17315 71 LANE NO  
LOXAHATCHEE, FL 33470

FEI Number: 20-4075725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORTON, JAMES A JR  
901 N. OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

MORTON, JAMES A JR  
17315 71 LANE NORTH  
LOXAHATCHEE, FL 33470 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LANE, THOMAS  
Address: 17315 71ST LANE N.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP ( ) Delete  
Name: LANE, CHERRI  
Address: 17315 71ST LANE N.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: S ( ) Delete  
Name: LANE, KAREN  
Address: 11064 68TH STREET N.  
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: T ( ) Delete  
Name: SANDERS, ALICIA P  
Address: 11052 NW 3RD COURT  
City-St-Zip: CORAL SPRINGS, FL 33071 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:

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: CHERRI LANE

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date