

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011891

FILED
Aug 12, 2009
Secretary of State

Entity Name: LOVE LIFTED ME INC.

Current Principal Place of Business:

726 EAST AVE
STUART, FL 34994

New Principal Place of Business:

901 SE 8TH STREET
STUART, FL 34994

Current Mailing Address:

901 S.E. 8TH STREET
STUART, FL 34994

New Mailing Address:

901 SE 8TH STREET
STUART, FL 34994

FEI Number: 51-0581394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, ELLA R
901 S.E. 8TH STREET
STUART, FL 34994 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: DIR. () Delete
Name: WILLIAMS, ELLA REE
Address: 901 S.E. 8TH STREET
City-St-Zip: STUART, FL 34994 US

Title: DIR () Delete
Name: CHAPPELLE, ROSE
Address: 913 TARPON AVENUE
City-St-Zip: STUART, FL 34994

Title: DIR. () Delete
Name: HASTON, MAXINE
Address: 908 S.E. LAKE STREET
City-St-Zip: STUART, FL 34994

Title: DT () Delete
Name: KING, FAYE
Address: 1660 SW DIXIE HWY
City-St-Zip: STUART, FL 34994

Title: SD () Delete
Name: DELISSER, BOBBETT
Address: 1556 SW DOW LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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:

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: ELLA R WILLIAMS

DIRE

08/12/2009

Electronic Signature of Signing Officer or Director

Date