

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011891

FILED
Feb 11, 2012
Secretary of State

Entity Name: LOVE LIFTED ME INC.

Current Principal Place of Business:

901 SE 8TH STREET
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

901 SE 8TH STREET
STUART, FL 34994

New Mailing Address:

FEI Number: 51-0581394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

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

Title: DT
Name: WASHINGTON, QUEEN
Address: 908 S.E. 8TH STREET
City-St-Zip: STUART, FL 34994

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

Title: SDA
Name: PONDER, LOTTIE
Address: 11500 SUMMITT WEST BLVD (APT.21D)
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: ELLA WILLIAMS

DIRE

02/11/2012

Electronic Signature of Signing Officer or Director

Date