

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011971

FILED
Feb 21, 2009
Secretary of State

Entity Name: LOVE THY NEIGHBOR FOUNDATION, INC.

Current Principal Place of Business:

21 RACHEL LN
SPRINGVILLE, NY 14141

New Principal Place of Business:

28362 SOMBRERO DR
BONITA SPRINGS, FL 34135

Current Mailing Address:

21 RACHEL LN
SPRINGVILLE, NY 14141

New Mailing Address:

28362 SOMBRERO DR
BONITA SPRINGS, FL 34135

FEI Number: 20-5967638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JOHN
28362 SOMBRERO DR
BONITA SPRINGS, FL 34135 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: PD () Delete
Name: DAVIS, JOHN SR.
Address: 21 RACHEL LN
City-St-Zip: SPRINGVILLE, NY 14141

Title: D () Delete
Name: DAVIS, JOHN JR.
Address: 3708 SPANISH BAY COURT
City-St-Zip: ELKTON, NY 21921

Title: D () Delete
Name: DAVIS, MICHELLE
Address: 783 9TH AVE
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: PETERSON, SUSAN
Address: 511-12 BULKELEY PL
City-St-Zip: NEW PORT NEWS, VA 23601

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, JOHN SR.
Address: 28362 SOMBRERO DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change () Addition
Name: DAVIS, JOHN JR.
Address: 100 WEST CREEK VILLAGE DR
City-St-Zip: ELKTON, MD 21921

Title: D (X) Change () Addition
Name: DAVIS, MICHELLE
Address: 28362 SOMBRERO DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change () Addition
Name: PETERSON, SUSAN
Address: 1931 ABBOTSBURY CT
City-St-Zip: VIRGINIA BEACH, VA 23453

Title: D () Change (X) Addition
Name: PETERSON, JUSTIN
Address: 1931 ABBOTSBURY CT
City-St-Zip: VIRGINIA BEACH, VA 23453

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: JOHN DAVIS

PRES

02/21/2009

Electronic Signature of Signing Officer or Director

Date