## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0700000160

Entity Name: LOVING HEARTS OUTREACH CENTER INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3512 NORTH TAMPA STREET TAMPA, FL 33603				3417 PLEASANT LAKE DR TAMPA, FL 33618			
Current Mailing Address:				New Mailing Address:			
P.O.BOX 1 TAMPA, FI							
FEI Number:	: 06-1802728	FEI Number Applied For()	FEI Number	Not Appl	icable ( )	Certificate of Status	Desired()
Name and	Address of	Current Registered Agent:	Naı	me and	Address of	New Registered Ag	ent:
JOHNSON LINDSEY, TWILA C 4224 W.ARCH TAMPA, FL 33610 US				JOHNSON LINDSEY, TWILA C 4330 MARCHMONT BLVD LAND O' LAKE, FL 34628 US			
	named entity e of Florida.	submits this statement for the pr	urpose of cha	anging it	ts registered	office or registered a	gent, or both,
SIGNATURE: TWILA JOHNSON LINDSEY				04/15/2008			
	Electro	nic Signature of Registered Age	nt			Date	
OFFICERS	S AND DIREC	CTORS:	AD	DITION	S/CHANGES	TO OFFICERS AN	D DIRECTORS:
Title: Name: Address: City-St-Zip:	P ( JOHNSON, DA 1020 MCNEEI LEEBURG, FL	ME STREET			(	) Change ()Addition	
Title: Name: Address: City-St-Zip:					VP (X BARNET, JAM 2307 E COLB TAMPA, FL 33	Y	
Title: Name: Address: City-St-Zip:	ETC ( HICKS, SONIA 3304 33RD AV TAMPA, FL 3	/E.			ETC (X JOHNSON, DO 3417 PLEASA TAMPA, FL 33	NT LAKE DR	
Title: Name: Address: City-St-Zip:	ETC ( REED, SAND 2316 N VOILE TAMPA, FL 3	T STREET			ETC () LINTON, SHAN 713 ERIK LAK BRANDON, FL	E RD	
Title: Name: Address: City-St-Zip:	,				,		
Title: Name: Address: City-St-Zip:	(	) Delete			MORLEY, LOF	ER EDGE DR.	

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: DAVID JOHNSON P 04/15/2008