

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008046

FILED
Apr 14, 2009
Secretary of State

Entity Name: LOVE LETTERS: RANDOM CARDS OF KINDNESS, INC.

Current Principal Place of Business:

188 SOUTH SHADOWBAY BLVD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

188 SOUTH SHADOWBAY BLVD
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 26-0739099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHANA, KAREN
188 SOUTH SHADOWBAY BLVD
LONGWOOD, FL 32779 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: P () Delete
Name: CHANA, KAITLYN
Address: 188 SOUTH SHADOWBAY BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: VPTD () Delete
Name: CHANA, KAREN
Address: 188 SOUTH SHADOWBAY BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: CLEMENTI, MEGAN
Address: 12073 LAKE CYPRESS CIRCLE APT H101
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: CHANA, KURT
Address: 188 SOUTH SHADOWBAY BLVD
City-St-Zip: LONGWOOD, FL 32779

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHANA, KAITLYN
Address: 188 SOUTH SHADOWBAY BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CLEMENTI, MEGAN
Address: 8700 MAITLAND SUMMIT BLVD. APT. 434
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Change () Addition
Name: BANGERT, BECKY
Address: 16331 TUDOR LAKE COURT
City-St-Zip: ORLANDO, FL 32828

Title: D () Change (X) Addition
Name: CHRISTINA, CARTER
Address: 6528 LAKE PEMBROKE PL
City-St-Zip: ORLANDO, FL 32829

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: KAITLYN CHANA

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date