

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002078

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** 12 X 12 LOVE PROJECT, INC.

**Current Principal Place of Business:**

10258 CYPRESS LAKES DRIVE  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

10258 CYPRESS LAKES DRIVE  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 27-1233587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FITZPATRICK, THOMAS E  
10258 CYPRESS LAKES DRIVE  
JACKSONVILLE, FL 32256 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:** DPT  
**Name:** FITZPATRICK, THOMAS E  
**Address:** 10258 CYPRESS LAKES DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** DV  
**Name:** CUCCIA, VICTOR J  
**Address:** 6282 FORREST STUMP LANE  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** DS  
**Name:** JOHNSON, BROCK A  
**Address:** 2220 COUNTY ROAD 210 WEST, SUITE 108  
**City-St-Zip:** SAINT JOHNS, FL 32259

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:** VICTOR CUCCIA

DV

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date