

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43691

FILED
Jan 09, 2009
Secretary of State

Entity Name: LOVE INC. OF SUWANNEE COUNTY

Current Principal Place of Business:

830 PINEWOOD ST
LIVE OAK, FL 32064 US

New Principal Place of Business:

830 PINEWOOD ST
LIVE OAK, FL 32064

Current Mailing Address:

P.O BOX 1315
LIVE OAK, FL 32064 US

New Mailing Address:

P.O BOX 1315
LIVE OAK, FL 32064

FEI Number: 59-3086192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATARIOUS, JOE
830 PINE WOOD ST
LIVE OAK, FL 32064 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: DS () Delete
Name: SPILATORE, JOE
Address: 830 PINEWOOD ST
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: TAPPING, CRAIG
Address: 830 PINE WOOD ST
City-St-Zip: LIVE OAK, FL 32064

Title: DT () Delete
Name: FULLBRIGHT, JOYCE
Address: 7182 52ND ST
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: EDWARDS, WINONA
Address: 18170 CR 136
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: WOOD, WINIFRED
Address: 11202 SR 51
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Delete
Name: TURNER, JOEL
Address: 830 PINE WOOD ST
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: SPILATORE, JOE
Address: 830 PINEWOOD ST
City-St-Zip: LIVE OAK, FL 32064

Title: D (X) Change () Addition
Name: TOPPING, CRAIG
Address: 830 PINE WOOD ST
City-St-Zip: LIVE OAK, FL 32064

Title: D (X) Change () Addition
Name: NORRIS, MISSY
Address: 830 PINEWOOD ST.
City-St-Zip: LIVE OAK, FL 32064

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

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

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

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: JOE SPILATORE

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date