

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 16 AM 8:38

DOCUMENT # N48725

(8)

1. Corporation Name

LOVING SPIRIT FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**16229 VILLARREAL DE AVILA
TAMPA FL 33613**

Mailing Address

**16229 VILLARREAL DE AVILA
TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3135366

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEFFEN, TERRI L.
16229 VILLARREAL DE AVILA
TAMPA FL 33613**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

STEFFEN, TERRI

STREET ADDRESS

816 TARAY DE AVILA

CITY - ST - ZIP

TAMPA FL

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

16229 Villarreal de Avila

1.4 CITY - ST - ZIP

Tampa, FL 33613

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

16229 Villarreal de Avila

2.4 CITY - ST - ZIP

Tampa, FL 33613

TITLE

DS

NAME

HOMAN, JUDY

STREET ADDRESS

2900 W. VILLA ROSA PARK

CITY - ST - ZIP

TAMPA FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Terri L. Steffen

TERRI L. STEFFEN

5/11/95 (813) 264-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)