

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48725 (8)

1. Corporation Name

LOVING SPIRIT FOUNDATION, INC.

Principal Place of Business

16229 VILLARREAL DE AVILA
TAMPA FL 33613

Mailing Address

16229 VILLARREAL DE AVILA
TAMPA FL 33613-10833. Date Incorporated or Qualified
05/04/19923a. Date of Last Report
02/28/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3135366

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STEFFEN, TERRI	
STREET ADDRESS	16229 VILLARREAL DE AVILA	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BILZERIAN, JOAN	
STREET ADDRESS	16229 VILLARREAL DE AVILA	
CITY - ST - ZIP	TAMPOA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOMAN, JUDY	
STREET ADDRESS	2900 W. VILLA ROSA PARK	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. Treas. Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Paul A. Bilzerian		
1.3 STREET ADDRESS	16229 Villarreal de Avila		
1.4 CITY - ST - ZIP	Tampa, FL 33613		
2.1 TITLE	Secretary Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Terri L. Steffen		
2.3 STREET ADDRESS	16229 Villarreal de Avila		
2.4 CITY - ST - ZIP	Tampa, FL 33613		
3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Brit Elin Solberg		
3.3 STREET ADDRESS	16229 Villarreal de Avila		
3.4 CITY - ST - ZIP	Tampa, FL 33613		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (813) 264-1818

Date

Daytime Phone # 0048124

CR2E037 (9/96)