

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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

Mailing Address

16229 VILLARREAL DE AVILA  
TAMPA FL 33613

16229 VILLARREAL DE AVILA  
TAMPA FL 33613

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/04/1992

4. FEI Number

59-3135366

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

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

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME STEFFEN, TERRI  
STREET ADDRESS 16229 VILLARREAL DE AVILA  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE PTD  
NAME BILZERIAN, JOAN  
STREET ADDRESS 16229 VILLARREAL DE AVILA  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE TD  
NAME HOMAN, JUDY  
STREET ADDRESS 2900 W. VILLA ROSA PARK  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE D  
NAME SOLBERG, BRIT E  
STREET ADDRESS 16229 VILLARREAL DE AVILA  
CITY-ST-ZIP TAMPA FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME STEFFEN, TERRI  
1.3 STREET ADDRESS 16229 VILLARREAL DE AVILA  
1.4 CITY-ST-ZIP TAMPA, FL 33613

Change Addition

2.1 TITLE D  
2.2 NAME STEFFEN, HARRY  
2.3 STREET ADDRESS 16229 VILLARREAL  
2.4 CITY-ST-ZIP TAMPA, FL 33613

Change Addition

3.1 TITLE D  
3.2 NAME STEFFEN, LOIS  
3.3 STREET ADDRESS 16229 VILLARREAL  
3.4 CITY-ST-ZIP TAMPA, FL 33613

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I 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

Date

Daytime Phone #

7/10/98 (813) 264-1818

FILED  
Jul 30 1998 8:00am  
Secretary of State



CR2E037 (5/98)