


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005765	
1. Entity Name LOVE OUTREACH OF SPRING HILL, INC.	

Principal Place of Business 4560 COMMERCIAL WAY SPRING HILL, FL 34606	Mailing Address 4560 COMMERCIAL WAY SPRING HILL, FL 34606
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04092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3468347	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANCHI, RAYMOND 4429 AZORA RD. SPRING HILL, FL 34608	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCHI, JR., RAYMOND 4424 AZORA RD. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCHI, DARLENE 4424 AZORA RD. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, NANCY 4431 LANDOVER BLVD. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARENA, JOSEPH 6077 SANDRA DR. SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARENA, ELAINE 6077 SANDRA DR. SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/04-80034-015 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darlene Franchi Darlene Franchi VPD 4-14-04 352-686-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #