


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 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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03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3468347 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANCHI, RAYMOND
 4429 AZORA RD.
 SPRING HILL, FL 34608**

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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 8077 SANDRA DR. SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARENA, ELAINE 8077 SANDRA DR. SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/04/05-80038-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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)* 3-30-05 352-597-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #