

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90097 048 ****61.25

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04052006 Chg-NP CR2E037 (11/05)

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																																																																																																																										
2. Principal Place of Business 1419 Kass Circle		3. Mailing Address 1419 Kass Circle																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State Spring Hill, FL		City & State Spring Hill, FL		4. FEI Number 59-3468347																																																																																																																									
Zip 34606		Country Hernando		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			7. Name and Address of New Registered Agent Name: Franchi, Raymond Street Address (P.O. Box Number is Not Acceptable): 5170 Woodridge Lane City: Spring Hill FL Zip Code: 34609																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Darlene Franchi</u> <u>Darlene Franchi</u> <u>VPD</u> <u>4-12-06</u> <u>352-686-8222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													