


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000005765 1. Entity Name LOVE OUTREACH OF SPRING HILL, INC.	
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Principal Place of Business 1419 KASS CIRCLE SPRING HILL, FL 34606 US	Mailing Address 1419 KASS CIRCLE SPRING HILL, FL 34606 US
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3468347	Applied For 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
5170 WOODRIDGE LANE
SPRING HILL, FL 34609

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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 reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 5170 WOODRIDGE LANE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCHI, DARLENE 5170 WOODRIDGE LANE SPRING HILL, FL 34609
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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U00000709473
04/25/07-80004-018 61.25

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: Darlene Franchi Vice President Director 4-11-07 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #