

**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.



Principal Place of Business
**1419 KASS CIRCLE
SPRING HILL, FL 34606 US**

Mailing Address
**1419 KASS CIRCLE
SPRING HILL, FL 34606 US**



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
5170 WOODRIDGE LANE
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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	PD
NAME	FRANCHI, JR., RAYMOND
STREET ADDRESS	5170 WOODRIDGE LANE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	VPD
NAME	FRANCHI, DARLENE
STREET ADDRESS	5170 WOODRIDGE LANE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	SD
NAME	JOHNSON, NANCY
STREET ADDRESS	4431 LANDOVER BLVD.
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	TD
NAME	ARENA, JOSEPH
STREET ADDRESS	6077 SANDRA DR.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	VTD
NAME	ARENA, ELAINE
STREET ADDRESS	6077 SANDRA DR.
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/07-80004-018 61.25

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-07 1000