2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2020
Secretary of State
4675019366CC

DOCUMENT# N16000008382

Entity Name: LOVE ME TRUE RESCUE INC.

Current Principal Place of Business:

5150 PALM VALLEY RD
#403
PONTE VEDRA BEACH, FL 32082-4633

Current Mailing Address:

PO BOX 1683
PONTE VEDRA BEACH, FL 32004-1683 US

FEI Number: 81-3689861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DI DONATO, LISA MARIE
606 STATELY SHOALS TRAIL
PONTE VEDRA, FL 32081-5074 US

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.

SIGNATURE: LISA MARIE DI DONATO 01/11/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	DI DONATO, LISA MARIE
Address	606 STATELY SHOALS TRAIL
City-State-Zip:	PONTE VEDRA FL 32081-5074

Title	VP
Name	DI DONATO, ALBERT JOHN
Address	606 STATELY SHOALS TRAIL
City-State-Zip:	PONTE VEDRA FL 32081-5074

Title	DIRECTOR
Name	NELSON, DEBORAH A
Address	276 PLANTATION CIR
City-State-Zip:	PONTE VEDRA BEACH FL 32082-3923

Title	TREASURER
Name	CROPPER, KAREN MARIE
Address	208 LAUREL LN
City-State-Zip:	PONTE VEDRA BEACH FL 32082-3909

Title	SECRETARY
Name	GORDON, LINDA M
Address	13 COVE RD
City-State-Zip:	PONTE VEDRA BEACH FL 32082-3301

Title	DIRECTOR
Name	HATFIELD, MARGARET
Address	2400 1ST ST S UNIT I-25
City-State-Zip:	JACKSONVILLE BEACH FL 32250-8030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN M CROPPER TREASURER 01/11/2020

Electronic Signature of Signing Officer/Director Detail — Date