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 unde	r
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 appea	ars
above, or on an attachment with all other like empowered.	

SIGNATURE: IRINA SIPKO

I

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :**

Title	D	Title	D	
Name	SIPKO, IRINA N	Name	ZHELEZ, TATYANA	
Address	20 WOODLAWN DR	Address	22 UNDERMOUNT PATH E	
City-State-Zip:	PALM COAST FL 32164	City-State-Zip:	PALM COAST FL 32164	
Title Name Address	D SAVIN RUPPEL, VERA 2413 E 7TH AVE			

City-State-Zip: SPOKANE WA 99202

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:

PALM COAST. FL 32164 US

Name and Address of Current Registered Agent:

SIPKO, IRINA N 20 WOODLAWN DR PALM COAST, FL 32164 US

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000001587

Entity Name: LOVING FAMILIES AND HOMES FOR ORPHANS, INC

Current Principal Place of Business:

800 BELLE TERRE PKWY STE 200/197 PALM COAST. FL 32164

Current Mailing Address:

800 BELLE TERRE PKWY STE 200/197

FEI Number: 87-4762644

Certificate of Status Desired: No

FILED May 07, 2024

Secretary of State

0114974578CC

Date

05/07/2024 Date

REGISTERED AGENT