

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008311

FILED  
Feb 15, 2009  
Secretary of State

Entity Name: LABOR OF LOVE ANIMAL RESCUE, INC.

**Current Principal Place of Business:**

4427 HILL DRIVE  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

4427 HILL DRIVE  
VALRICO, FL 33596

**New Mailing Address:**

FEI Number: 20-5335017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSTON, AMY S  
4427 HILL DRIVE  
VALRICO, FL 33596 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: JOHNSTON, AMY S  
Address: 4427 HILL DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: VD ( ) Delete  
Name: VAN LEW, LISA K  
Address: 1411 EAST JEAN STREET  
City-St-Zip: TAMPA, FL 33604

Title: ST ( ) Delete  
Name: KERR, MARION  
Address: 11301 SYLVAN GREEN LANE  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: NALLEY, CHRIS  
Address: PO BOX 344  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMY S. JOHNSTON

ED

02/15/2009

Electronic Signature of Signing Officer or Director

Date