

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708145

FILED
Apr 26, 2010
Secretary of State

Entity Name: THE LOUGHMAN COMMUNITY CLUB, INC.

Current Principal Place of Business:

214 CHURCH ST.
P. O. BOX 123
LOUGHMAN, FL 33858 US

New Principal Place of Business:

Current Mailing Address:

214 CHURCH ST.
P. O. BOX 137
LOUGHMAN, FL 33858 US

New Mailing Address:

FEI Number: 80-0166858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDOX, SR, REGINALD
229 GRASS ST
LOUGHMAN, FL 33858 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: PD
Name: MADDOX, SR, REGINALD
Address: 229 GRASS ST
City-St-Zip: LOUGHMAN, FL 33858

Title: D
Name: ASHWOOD, JOSEPH
Address: 301 CHURCH ST.
City-St-Zip: LOUGHMAN, FL 33858

Title: D
Name: GRIFFIN, ETHEL
Address: 6812 LORENZO LN
City-St-Zip: LOUGHMAN, FL 33858

Title: D
Name: SMITH, JOYCE L
Address: CENTER ST
City-St-Zip: LOUGHMAN, FL 33858

Title: D
Name: REID, LOLA
Address: 6823 E AVE
City-St-Zip: LOUGHMAN, FL 33858

Title: T
Name: GASTON, CAROL
Address: 338 CHURCH ST
City-St-Zip: LOUGHMAN, FL 33858

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: REGINALD D.MADDOX SR

CHRM

04/26/2010

Electronic Signature of Signing Officer or Director

Date