

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 712647

1. Entity Name

LOUGHMAN CIVIC CENTER, INC.



Principal Place of Business

Mailing Address

6216 CR 547 NORTH
LOUGHMAN FL 33858
US

P.O. BOX 582
LOUGHMAN FL 33858
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3293222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABBS, ROBERT O
427 FL AVE.
LOUGHMAN FL 33858

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	COMBS, GLEN	
STREET ADDRESS	3327 HIGHWAY 547 NORTH	
CITY-STATE-ZIP	DAVENPORT FL 33837	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CRABBS, ROBERT O	
STREET ADDRESS	427 FL AVE.	
CITY-STATE-ZIP	LOUGHMAN FL 33858	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COMBS, BETTY	
STREET ADDRESS	3327 HIGHWAY 547N	
CITY-STATE-ZIP	DAVENPORT FL 33837	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REDGRAVE, PAT B	
STREET ADDRESS	711 REDGRAVE RD.	
CITY-STATE-ZIP	LOUGHMAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRABBS, MARY	
STREET ADDRESS	427 FL AVE	
CITY-STATE-ZIP	LOUGHMAN FL 33858	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000664210
CITY-STATE-ZIP	03/22/07-80035-014 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Pat B. Redgrave TD

3/8/07

863)424-2586