2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 712647

Entity Name: LOUGHMAN CIVIC CENTER, INC.

Current Principal Place of Business:

6216 CR 547 NORTH
LOUGHMAN, FL 33858 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 582
LOUGHMAN, FL 33858 US

New Mailing Address:

FEI Number: 59-3293222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRABBS, ROBERT O
427 FL AVE.
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: VPD ( ) Delete
Name: COMBS, GLEN
Address: 3327 HIGHWAY 547 NORTH
City-St-Zip: DAVENPORT, FL 33837

Title: PD ( ) Delete
Name: CRABBS, ROBERT O
Address: 427 FL AVE.
City-St-Zip: LOUGHMAN, FL 33858

Title: SD ( ) Delete
Name: COMBS, BETTY
Address: 3327 HIGHWAY 547N
City-St-Zip: DAVENPORT, FL 33837

Title: TD ( ) Delete
Name: REDGRAVE, PAT B
Address: 711 REDGRAVE RD.
City-St-Zip: LOUGHMAN, FL

Title: D ( ) Delete
Name: GRABBS, MARY
Address: 427 FL AVE
City-St-Zip: LOUGHMAN, FL 33858

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:

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: PAT REDGRAVE TD 02/17/2009
Electronic Signature of Signing Officer or Director — Date