


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 716060  
 1. Entity Name  
 HOBE SOUND COMMUNITY CHEST, INC.



Principal Place of Business PO BOX 511 HOBE SOUND, FL 33475 US	Mailing Address PO BOX 511 HOBE SOUND, FL 33475 US
--	--



01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6155092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SPURGEON, KATHY  
 9307 S.E. OLYMPUS ST  
 HOBE SOUND, FL 33455

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P E. PAUL CASEY 330 SOUTH BEACH ROAD HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALL, C. BARROWS 236 SOUTH BEACH RD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPURGEON, KATHY 9307 SE OLYMPUS STREET HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CONNOLLY, JOSEPH E 103 HARBOR WAY HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHITCOMB, JAMES H 6789 S.E. MOURNING DOVE WAY HOBE SOUND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLSTON, HARRY G 51 SOUTH BEACH RD HOBE SOUND, FL

100000186034  
 01/21/05-80040-019 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kathy Spurgeon Kathy Spurgeon 1-17-05 (772) 546-3326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #