


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 011 ****61.25

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

2. Principal Place of Business - No P.O. Box #
11450 SE Dixie Highway

3. Mailing Address
 Suite, Apt. #, etc.
Suite 204


City & State
Hobe Sound, FL

City & State
Hobe Sound, FL

Zip
33455

Country
USA

40006620



01222008 Chg-NP CR2E037 (12/06)

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

4. FEI Number
59-6155092

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
Suellen Millroy
 Street Address (P.O. Box Number is Not Acceptable)
Hobe Sound Office Plaza
11450 SE Dixie Hwy, Suite 204
 City
Hobe Sound FL Zip Code
33455

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 Suellen Millroy Suellen Millroy 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D E. PAUL CASEY 330 SOUTH BEACH ROAD HOBE SOUND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, C. BARROWS 236 SOUTH BEACH RD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPURGEON, KATHY 9307 SE OLYMPUS STREET HOBE SOUND, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Suellen Millroy 9165 SE Mercury Street Hobe Sound, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOLLY, JOSEPH E 103 HARBOR WAY HOBE SOUND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENTZ, SIDNEY F 7811 SE LITTLE HARBOUR DR HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shotwell, Jane 6816 SE Marning Dove Way Hobe Sound, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLSTON, HARRY G 51 SOUTH BEACH RD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Suellen Millroy Suellen Millroy 4/21/08 772-545-9072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #