

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001513

FILED  
Mar 25, 2007  
Secretary of State

Entity Name: THE GOBBY FOUNDATION, INC.

**Current Principal Place of Business:**

406 2ND ST SW  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

3466 SHERIDAN CHASE  
MARIETTA, GA 30067

**New Mailing Address:**

FEI Number: 59-3702376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOBLEY, E. JOSEPH  
1709 SHELL POINT ROAD  
RUSKIN, FL 33570 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: TR ( ) Delete  
Name: SMITH, G. RONALD  
Address: 7267 SURFBIRD CIRCLE  
City-St-Zip: CARLSBAD, CA 92009

Title: TR ( ) Delete  
Name: SMITH, JANET L  
Address: 4951 OLDE TOWNE WAY  
City-St-Zip: MARIETTA, GA 30068

Title: TR ( ) Delete  
Name: HUGHES, KAREN S  
Address: 3466 SHERIDAN CHASE  
City-St-Zip: MARIETTA, GA 30067

Title: TR ( ) Delete  
Name: MOBLEY, E. JOSEPH  
Address: 1709 EAST SHELL POINT RD  
City-St-Zip: RUSKIN, FL 33575

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN S. HUGHES

TR

03/25/2007

Electronic Signature of Signing Officer or Director

Date