


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90112 024 ****70.00

DOCUMENT # N01000002465					
1. Entity Name LOBLOLLY COMMUNITY SERVICE CORPORATION					
Principal Place of Business 7407 SE HILL TERR HOBE SOUND, FL 33455			Mailing Address 7407 SE HILL TERR HOBE SOUND, FL 33455		
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		Country		01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-1099975				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORNETT, JANE L 401 E OSCEOLA ST STUART, FL 34994			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE D NAME HAMBLIN, TISH STREET ADDRESS 6764 SE MORNING DOVE WAY CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete				
TITLE D NAME CONNER, WILLIAM STREET ADDRESS 7603 SE SANDERLING PLACE CITY-ST-ZIP HOBE SOUND, FL 33455	<input type="checkbox"/> Delete				
TITLE D NAME MCCREE, DONALD STREET ADDRESS 6659 SE MOURNING DOVE WAY CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete				
TITLE D NAME Costello, John B. STREET ADDRESS 7004 SE Golfhouse Drive CITY-ST-ZIP Hobe Sound, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME Reese, John P. STREET ADDRESS 7050 SE Wood Stark Way CITY-ST-ZIP Hobe Sound, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D 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: _____				1/30/07 (772) 546-8700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	