2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002465

FILED Apr 29, 2009 Secretary of State

Entity Name: LOBLOLLY COMMUNITY SERVICE CORPORATION

Current Principal Place of Business: New Principal Place of Business: 7407 SE HILL TERR HOBE SOUND, FL 33455 **Current Mailing Address: New Mailing Address:** 7407 SE HILL TERR HOBE SOUND, FL 33455 FEI Number: 65-1099975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNETT, JANE L 401 E OSCEOLA ST STUART, FL 34994 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MAWN, BARRY COSTELLO, JOHN B Name: Name: 7004 SE GOLFHOUSE DR Address: 6270 Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: SE MOURNING DOVE WAY, FL 33455 Title: Title: () Delete () Change () Addition JONES, JOHN E Name: Name: Address: 7751 SE LOBLOLLY DR Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: (X) Delete Title: () Change () Addition REESE, JOHN R Name: Name: 7050 SE WOOD STOCK WAY Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: (X) Change () Addition Title: () Delete Title: SUSAN, ELLIOTT Name: DROUCH, RICHARD E Name: 6820 SE WOODSTORK LN Address: 7367 SE GOLFHOUSE DR Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: VΡ () Delete Title: (X) Change () Addition MAUM, BARRY PUTH, JOHN W Name: Name: 6270 SE MOURNING DAVE WAY 7763 SE LOBLOLLY BAY DR. Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: () Delete Title: (X) Change () Addition BURKE, RAYMOND F BURKE, RAYMOND F Name: Name: Address: 6926 SE GOLFHOUSE DR Address: 6926 SE GOLFHOUSE DR HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 City-St-Zip: 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: RAYMOND BURKE P 04/29/2009