


FILE NOW. FILING FEE IS \$07.20

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90033 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000003588

1. Corporation Name
LOBLOLLYPOP FOUNDATION, INC.

Principal Place of Business 7407 SE HILL TERRACE HOBE SOUND FL 33455	Mailing Address 7407 SE HILL TERRACE HOBE SOUND FL 33455
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEJ Number 65-0865926
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00

9. Name and Address of Current Registered Agent SOPKO, JAMES 2307 SE MONTEREY RD. STUART FL 34996	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 State FL
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of appointing an office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME JONES, JOHN E	1.1 TITLE D	1.2 NAME TAPPAN JAMES C.
STREET ADDRESS 8060 SE LITTLE HARBOUR DR., H-14	CITY-ST-ZIP HOBE SOUND FL 33459	1.3 STREET ADDRESS 6952 S.E. GOLFHOUSE DR.	1.4 CITY-ST-ZIP HOBE SOUND, FL 33455
TITLE D <input checked="" type="checkbox"/> DELETE	NAME MYERS, ROBERT G	2.1 TITLE D	2.2 NAME SEINKIEWICZ PATSY
STREET ADDRESS 7950 SE DOCK ST., Z-5	CITY-ST-ZIP HOBE SOUND FL 33459	2.3 STREET ADDRESS 6738 SE MOORNING DOVE WAY	2.4 CITY-ST-ZIP HOBE SOUND, FL 33455
TITLE D <input type="checkbox"/> DELETE	NAME DOUAIRE, MARGARET H	3.1 TITLE	3.2 NAME
STREET ADDRESS 8060 SE LITTLE HARBOUR DR., H-12	CITY-ST-ZIP HOBE SOUND FL 33459	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE P <input type="checkbox"/> DELETE	NAME JOHN PIGOTT	4.1 TITLE	4.2 NAME
STREET ADDRESS 8121 SE GOLFHOUSE DR.	CITY-ST-ZIP HOBE SOUND, FL 33455	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE V/S <input type="checkbox"/> DELETE	NAME ROBERT P. JONAS, JR	5.1 TITLE	5.2 NAME
STREET ADDRESS 7139 SE GREENVIEW PLACE	CITY-ST-ZIP HOBE SOUND, FL 33455	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME McCREE, DONALD	6.1 TITLE	6.2 NAME
STREET ADDRESS 6659 SE MOORNING DOVE WAY	CITY-ST-ZIP HOBE SOUND, FL 33455	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, as 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 is not on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 561-546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR