

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003588**

1. Entity 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



01102005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0865926**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SOPKO, JAMES  
2307 SE MONTEREY RD.  
STUART, FL 34996

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | VD                      |
| NAME           | NEI, PRISCILLA          |
| STREET ADDRESS | 7263 SE GOLFHOUSE DR.   |
| CITY-ST-ZIP    | HOBE SOUND, FL 33455    |
| TITLE          | PD                      |
| NAME           | TURNER, BILL            |
| STREET ADDRESS | 7992 SE GOLFHOUSE DRIVE |
| CITY-ST-ZIP    | HOBE SOUND, FL 33455    |
| TITLE          | D                       |
| NAME           | KOURIL, KENNETH H       |
| STREET ADDRESS | 7407 SE HILL TERRACE    |
| CITY-ST-ZIP    | HOBE SOUND, FL 33455    |
| TITLE          | S                       |
| NAME           | RADCLIFFE, BROOKE L     |
| STREET ADDRESS | 7407 SE HILL TERRACE    |
| CITY-ST-ZIP    | HOBE SOUND, FL 33455    |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

000000208576  
02/01/05-80091-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Brooke L Radcliffe* Brooke L. Radcliffe

1-20-05

772-545-2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #