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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

HOME BUILDERS ASSOCIATION OF STATESBORO INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite

1223 MERCHANTS WAY

City or town, state or country, and ZIP + 4

STATESBORO, GA 30458

D Employer identification number

58-1434307

E Telephone number

(912) 489-8887

F Group Exemption Number

G Accounting method

Cash

Accrual

Other (specify)

H Check

if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

N/A

J Tax-Exempt status

(check only one)—

501(c)(3)

501(c)( 6)

(insert no )

4947(a)(1)

527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 120,647

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50
	2	Program service revenue including government fees and contracts	2	33,031
	3	Membership dues and assessments	3	58,733
	4	Investment income	4	936
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	18,062
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
Expenses	6b	27,897		
	6c	9,835		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances	7c	
	7b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	110,812
	10	Grants and similar amounts paid (list in Schedule O)	10	40,250
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	20,035
	13	Professional fees and other payments to independent contractors	13	1,034
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	625
	16	Other expenses (describe in Schedule O)	16	59,822
	17	Total expenses. Add lines 10 through 16	17	121,766
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,954
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	298,610
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	287,656

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	92,177	22	85,624
23	Land and buildings . . . . .	204,072	23	200,345
24	Other assets (describe in Schedule O) . . . . .	2,361	24	1,687
25	<b>Total assets</b> . . . . .	298,610	25	287,656
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	298,610	27	287,656

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?  
TO IMPROVE/PROMOTE HOME BUILDING INDUSTRY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

TRADE SHOW AND PROGRAMS TO PROMOTE THE HOME BUILDING INDUSTRY AND INFORM AS TO THE INNNOVATIONS IN HOME CONSTRUCTION  
(Grants \$ ) If this amount includes foreign grants, check here ☐

28a

29

(Grants \$ ) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐

30a

31

Other program services (describe in Schedule O) . . . . .  
(Grants \$ ) If this amount includes foreign grants, check here ☐

31a

32

**Total program service expenses** (add lines 28a through 31a) . . . . .

32

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No	
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	35b	No	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	No	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	39a	0	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No	
41	List the states with which a copy of this return is filed	GA		
42a	The organization's books are in care of	MELANIE THOMPSON	Telephone no	(912) 489-8887
	P O BOX 1190			
	Located at	STATESBORO, GA	ZIP + 4	30459
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	Yes	No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors each receiving over \$100,000		

52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	Yes	No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2012-05-09		
	Signature of officer	Date		
	JOHN LAMAR President			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions				

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

# 2011

**Open to Public Inspection**

Name of the organization  
HOME BUILDERS ASSOCIATION OF STATESBORO  
INC

Employer identification number

58-1434307

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total . . . . .</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	CLAY SHOOT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	12,428	12,053	24,481
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	12,428	12,053	24,481
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	6,331	3,504	9,835
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			( 9,835 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			14,646

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					( )
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

- 14
- Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17
- Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

HOME BUILDERS ASSOCIATION OF STATESBORO INC

Employer identification number

58-1434307

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$237 Machinery and Equipment - Ending \$169
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$2124 Furniture and Fixtures - Ending \$1518
Form 990-EZ, Part I, Line 16 22	Other Expenses 22	BENEVEOLENCE FUND \$20
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	RECOGNITION \$96
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	PEST CONTROL \$275
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	ENERGY CLASS EXPENSES \$399
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	ASSOC LUNCHEON MEALS \$400
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	EQUIPMENT RENTAL \$500
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	ATTENDANCE DRAWING \$600
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	CREDIT CARD FEES \$703
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	GAS FUND \$960
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	REPAIRS & MAINTENANCE \$1200
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	MISCELLANEOUS \$1317
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	CONTRIBUTIONS \$1385
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	MEETINGS \$1600
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	CHRISTMAS PARTY EXPENSE \$1666
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	TELEPHONE \$1804
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	BPAC EXPENSE \$3300
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	DUES \$3388
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	UTILITIES \$4480

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	PROPERTY TAXES \$6175
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	TOUR OF HOMES \$19390
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$4456
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$4401
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$704
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$603
Form 990-EZ, Part I, Line 10 2	Payments to Affiliates 2	Name HOME BUILDERS ASSOC OF GA   Purpose of payment STATE MEMBERSHIP DUES   Amount \$16100
Form 990-EZ, Part I, Line 10 1	Payments to Affiliates 1	Name NATIONAL ASSOC OF HOME BUILDER   Purpose of payment NATIONAL MEMBERSHIP DUES   Amount \$24150

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 58-1434307

Name: HOME BUILDERS ASSOCIATION OF STATESBORO  
INC

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MELANIE THOMPSON 1709 SHIMLEY DRIVE STATESBORO,GA 30461	KEY EMPLOYEE 24 00	15,463		
KRIS DUNSWORTH 246 NORTHSIDE DRIVE EAST STATESBORO,GA 30458	Vice President 0	0		
BILL MOORE 508 GENTILLY ROAD STATESBORO,GA 30458	Director 0	0		
JOHN LAMAR 424 MATHEWS ROAD UNIT 4 STATESBORO,GA 30458	President 0	0		
SHANNON MIDDLETON PO BOX 120 STATESBORO,GA 30459	Director 0	0		
TARA MINCEY 111 STOCKYARD ROAD STATESBORO,GA 30458	Director 0	0		
JOHN WHITE 100 JOHNNY WHITE ROAD PEMBROKE,GA 31321	Vice President 0	0		
BRIAN KENT PO BOX 2115 STATESBORO,GA 30459	Director 0	0		
WILL RIGDON 6935 COOL SPRINGS CHURCH ROAD METTER,GA 30439	Director 0	0		
JAMEY CARTEE 15 S MULBERRY STREET STATESBORO,GA 30458	Director 0	0		
LESLIE ANDERSON 635 NEWSOME LANE STATESBORO,GA 30461	Past President 0	0		
KYLE NESMITH 3000 HAWKS RIDGE DR STATESBORO,GA 30461	Director 0	0		
KEITH LOVEDAY 205 DEPOT STREET BROOKLET,GA 30415	Director 0	0		