


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-15-2006 90107 034 ****61.25

DOCUMENT # N05000004966	
1. Entity Name MARION COUNTY COMMUNITY FOUNDATION, INC.	

Principal Place of Business 450 PLEASANT GROVE ROAD INVERNESS, FL 34452	Mailing Address 450 PLEASANT GROVE ROAD INVERNESS, FL 34452
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66009416



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02282006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-4643673	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LONGHOUSE, DONNA L 501 EAST KENNEDY BOULEVARD SUITE 1700 TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

B. 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE 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:

Robert E. McCreary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3/2/06
D.S.

(352) 637-4429
Office Phone #

ATTACHMENT

6600 9416

#NO5000004966

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
President	Robert C. Wardlow, III	450 Pleasant Grove Road	Inverness, FL 34452
Executive Director	Robert E. McCranie, III	450 Pleasant Grove Road	Inverness, FL 34452
Treasurer/Secretary	J. Paul Cash	450 Pleasant Grove Road	Inverness, FL 34452
Director	Karen L. Thurman	9067 SW Blue Run Drive	Dunnellon, FL 34432
Director	Chester V. Cole	130 Heights Avenue	Inverness, FL 34452
Director	Dr Stephen W. Alcorn	2837 Circle Drive	Inverness, FL 34450
Director	Wann V. Robinson	2305 Highway 44 West	Inverness, FL 34453