

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004992

1. Entity Name
 LEVY COUNTY COMMUNITY FOUNDATION, INC.



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

Mailing Address
 450 PLEASANT GROVE ROAD
 INVERNESS, FL 34452



01042008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4643587	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONGHOUSE, DONNA L
 501 EAST KENNEDY BLVD STE 1700
 TAMPA, FL 33602

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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, 2008.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARDLOW, ROBERT C III 450 PLEASANT GROVE RD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MCCRAINE, E. III 450 PLEASANT GROVE RD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CASH, PAUL J 450 PLEASANT GROVE RD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN, KAREN L 9067 SW BLUE RUN DR INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, CHESTER V 130 HEIGHTS AVE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCORN, STEPHEN W DR 2837 CIR DR INVERNESS, FL 34450

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 01/08/08-80037-017 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

1/09/08