

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010553

Entity Name: COMMUNITY FOUNDATION OF PASCO COUNTY, INC.**Current Principal Place of Business:**4300 W. CYPRESS STREET
SUITE 700
TAMPA, FL 33607**Current Mailing Address:**4300 W. CYPRESS STREET
SUITE 700
TAMPA, FL 33607 US**FEI Number: 59-3001853****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BURKLEY, KORY J
4300 W. CYPRESS STREET
SUITE 700
TAMPA, FL 33607 US*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.***SIGNATURE:** KORY BURKLEY

10/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST CHAIR
Name LONGHOUSE, DONNA L
Address 4300 W. CYPRESS STREET
SUITE 700
City-State-Zip: TAMPA FL 33607

Title PRESIDENT, CEO
Name SPALTEN, MARLENE M
Address 550 N REO STREET
SUITE #301
City-State-Zip: TAMPA FL 33609-1037

Title PAST CHAIR
Name CASTOR, ELIZABETH B
Address 4300 W. CYPRESS STREET
SUITE 700
City-State-Zip: TAMPA FL 33607-4157

Title TREASURER
Name KOREN, EDWARD
Address 4300 W. CYPRESS STREET
SUITE 700
City-State-Zip: TAMPA FL 33607

Title CHAIRMAN
Name MOHR, ROBERT H
Address 4300 W. CYPRESS STREET
SUITE 700
City-State-Zip: TAMPA FL 33607-4157

Title VP, CFO
Name BURKLEY, KORY J
Address 4300 W. CYPRESS STREET
SUITE 700
City-State-Zip: TAMPA FL 33607

Title SECRETARY, TRUSTEE
Name SIMMONS, LINDA
Address 4300 W. CYPRESS STREET
SUITE 700
City-State-Zip: TAMPA FL 33607-4157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KORY BURKLEY

CFO

10/07/2021

Electronic Signature of Signing Officer/Director Detail

Date