

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002409

**Entity Name:** COMMUNITY FOUNDATION OF HERNANDO 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:** No**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

01/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST CHAIRMAN  
Name MIKE, STARKEY  
Address 4300 W. CYPRESS STREET  
SUITE 700  
City-State-Zip: TAMPA FL 33607

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

Title CHAIRMAN  
Name OSCAR, HORTON  
Address 4300 W. CYPRESS STREET  
SUITE 700  
City-State-Zip: TAMPA FL 33607

Title PRESIDENT, CEO  
Name SPALTEN, MARLENE M  
Address 4300 W. CYPRESS STREET  
SUITE 700  
City-State-Zip: TAMPA FL 33607

Title TREASURER  
Name SIMMONS, LINDA  
Address 4700 W. CYPRESS ST.  
SUITE 700  
City-State-Zip: TAMPA FL 33607-4157

Title SECRETARY  
Name TIMS, WILLIE  
Address 4300 W. CYPRESS ST. 700  
City-State-Zip: TAMPA FL 33607

*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

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date