

2018 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

01/20/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, TRUSTEE
Name LONGHOUSE, DONNA L
Address 550 NORTH REO STREET
301
City-State-Zip: TAMPA FL 33609-1037

Title TREASURER, TRUSTEE
Name MOHR, ROBERT H
Address 550 NORTH REO STREET
301
City-State-Zip: TAMPA FL 33609-1037

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

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

Title VC, TRUSTEE
Name CASTOR, ELIZABETH B
Address 550 NORTH REO STREET
301
City-State-Zip: TAMPA FL 33609-1037

Title SECRETARY, TRUSTEE
Name GRADY, SUSANNA F
Address 550 NORTH REO STREET
301
City-State-Zip: TAMPA FL 33609-1037

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, VP

01/20/2018

Electronic Signature of Signing Officer/Director Detail

Date