

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # F04000003625

1. Entity Name
MAINE COMMUNITY FOUNDATION, INC.



Principal Place of Business
**245 MAIN ST
ELLSWORTH, ME 04605**

Mailing Address
**245 MAIN ST
ELLSWORTH, ME 04605**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0391479

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

11/4/2007

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000585518
01/16/07-80016-006 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
SCHMELZER, HENRY L.P.
245 MAIN ST
ELLSWORTH, ME 04605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
POPE, ELLEN
245 MAIN ST
ELLSWORTH, ME 04605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CLEGHORN, PAMELA
245 MAIN ST
ELLSWORTH, ME 04605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
GEARY, JAMES E
245 MAIN ST
ELLSWORTH, ME 04605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOODBURY, ROBERT L
167 REACH RD
HARPSWELL, ME 04079**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPIRER, KENNETH
18 NEAL ST
PORTLAND, ME 04102**

**DO NOT WRITE
IN THIS SPACE**

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 #

11/4/2007

**207-667
9735**