

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90025 013 ****61.25

DOCUMENT # F07000005003					
1. Entity Name THE VERMONT COMMUNITY FOUNDATION INCORPORATED					
Principal Place of Business 3 COURT STREET MIDDLEBURY, VT 05743			Mailing Address P.O. BOX 30 MIDDLEBURY, VT 05753		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-2712160	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, STAIGE 3 COURT STREET MIDDLEBURY, VT 05743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Staige 3 Court Street Middlebury, VT 05753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORIMER, LISA 3 COURT STREET MIDDLEBURY, VT 05743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lorimer, Lisa 3 Court Street Middlebury, VT 05753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDELL, LAWRENCE H 3 COURT STREET MIDDLEBURY, VT 05743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mandell, Lawrence H 3 Court Street Middlebury, VT 05753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTCH, PATRICIA 3 COURT STREET MIDDLEBURY, VT 05743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Motch, Patricia 3 Court Street Middlebury, VT 05753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, KEVIN 3 COURT STREET MIDDLEBURY, VT 05743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harper, Kevin 3 Court Street Middlebury, VT 05753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDE, ROBERT D 3 COURT STREET MIDDLEBURY, VT 05743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDE, Robert D 3 Court Street Middlebury, VT 05753	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u> JOB </u>			4/17/08 802-388-3355		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT 40076890

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Grangvist, Deborah W. 3 Court Street Middlebury, VT 05753	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hoxt, Kathy 3 Court Street Middlebury, VT 05753	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Young, Vicki 3 Court Street Middlebury, VT 05753	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kahler, Ellen 3 Court Street Middlebury, VT 05753	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chauncey, Henry Jr. 3 Court Street Middlebury, VT 05753	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brown, Faith 3 Court Street Middlebury, VT 05753	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I certify that the information
 provided is true and correct; that I am an officer or director
 as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if



4/17/08

802-388-3355

BY DIRECTOR

Date

Daytime Phone #