

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-21-2006 90012 016 ****61.25

DOCUMENT # N05000004964

1. Entity Name
SUMTER COUNTY COMMUNITY FOUNDATION, INC.



Principal Place of Business
**450 PLEASANT GROVE ROAD
INVERNESS, FL 34452**

Mailing Address
**450 PLEASANT GROVE ROAD
INVERNESS, FL 34452**

66009418



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-4643512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONGHOUSE, DONNA L.
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	<input type="checkbox"/> Delete
NAME	*SEE ATTACHED LIST
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 817, 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:

Robert E. McConna III

3/1/06

(352) 637-4424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

ATTACHMENT

66009418

#NO5880084964

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
President	Robert C. Wardlow, III	450 Pleasant Grove Road	Inverness, FL 34452
Executive Director	Robert E. McCranie, III	450 Pleasant Grove Road	Inverness, FL 34452
Treasurer/Secretary	J. Paul Cash	450 Pleasant Grove Road	Inverness, FL 34452
Director	Karen L. Thurman	9067 SW Blue Run Drive	Dunnellon, FL 34432
Director	Chester V. Cole	130 Heights Avenue	Inverness, FL 34452
Director	Dr Stephen W. Alcorn	2837 Circle Drive	Inverness, FL 34450
Director	Wann V. Robinson	2305 Highway 44 West	Inverness, FL 34453