


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

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90052 029 ****61.25

DOCUMENT # N05000004964 1. Entity Name SUMTER COUNTY COMMUNITY FOUNDATION, INC.	
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Principal Place of Business 450 PLEASANT GROVE ROAD INVERNESS, FL 34452	Mailing Address 450 PLEASANT GROVE ROAD INVERNESS, FL 34452
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DO NOT WRITE IN THIS SPACE

40010003



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4643512	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LONGHOUSE, DONNA L 501 EAST KENNEDY BOULEVARD SUITE 1700 TAMPA, FL 33602
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARDLOW, ROBERT C III 450 PLEASANT GROVE RD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MCCRANIE, ROBERT E III 450 PLEASANT GROVE RD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CASH, J. PAUL 450 PLEASANT GROVE RD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN, KAREN L 9067 SW BLUE RUN DR DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, CHESTER V 130 HEIGHTS AVE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCOM, STEPHEN W DR 2837 CIR DR INVERNESS, FL 34450

**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:  **2/5/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40018394
#N05000004964

Sumter County Community Foundation, Inc.
Corporate Annual Report
Item # 10 continued

Director
Wann V. Robinson
2305 Highway 44 West
Inverness, FL 34453