


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

3/

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

03-15-2006 90107 032 ****61.25

DOCUMENT # N05000004965			
1. Entity Name HERNANDO COUNTY COMMUNITY FOUNDATION, INC.			
Principal Place of Business 450 PLEASANT GROVE ROAD INVERNESS, FL 34452		Mailing Address 450 PLEASANT GROVE ROAD INVERNESS, FL 34452	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LONGHOUSE, DONNA L 450 PLEASANT GROVE ROAD INVERNESS, FL 34452		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature is required when renewing)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert E. McGowan III</i>		Date: <i>3/6/06</i> (562) 632-4424	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66009415



02282008 Chg-NP CR2E037 (11/05)

4. FEI Number **20-4643616** Applied For ☐ Not Applicable

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

ATTACHMENT

66009415

#N050002041965

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