

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2008 08:00 AM**  
**Secretary of State**

**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**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4643616**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LONGHOUSE, DONNA L  
450 PLEASANT GROVE ROAD  
INVERNESS, FL 34452**

**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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ROBINSON, WANN V
STREET ADDRESS	2305 HWY 44 W
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D
NAME	ALCOM, STEPHEN W DR
STREET ADDRESS	2837 CIR DR
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	COLE, CHESTER V
STREET ADDRESS	130 HEIGHTS AVE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D
NAME	THURMAN, KAREN L
STREET ADDRESS	9087 SW BLUE RUN DR
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	TS
NAME	CASH, J. PAUL
STREET ADDRESS	450 PLEASANT GROVE RD
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	ED
NAME	MCCRANIE, ROBERT E III
STREET ADDRESS	450 PLEASANT GROVE RD
CITY-ST-ZIP	INVERNESS, FL 34452

**DO NOT WRITE  
IN THIS SPACE**

U000000775637  
01/08/08-80037-015 61.25

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

*2/09/08*

Date

Daytime Phone #