

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004965

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** HERNANDO COUNTY COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

450 PLEASANT GROVE ROAD  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

450 PLEASANT GROVE ROAD  
INVERNESS, FL 34452

**New Mailing Address:**

**FEI Number:** 20-4643616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBINSON, WANN V  
Address: 2305 HWY 44 W  
City-St-Zip: INVERNESS, FL 34453

Title: D ( ) Delete  
Name: ALCOM, STEPHEN W DR  
Address: 2837 CIR DR  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: COLE, CHESTER V  
Address: 130 HEIGHTS AVE  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: THURMAN, KAREN L  
Address: 9067 SW BLUE RUN DR  
City-St-Zip: DUNNELLON, FL 34432

Title: TS ( ) Delete  
Name: CASH, J. PAUL  
Address: 450 PLEASANT GROVE RD  
City-St-Zip: INVERNESS, FL 34452

Title: ED ( ) Delete  
Name: MCCRANIE, ROBERT E III  
Address: 450 PLEASANT GROVE RD  
City-St-Zip: INVERNESS, FL 34452

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. MCCRANIE, III

ED

02/06/2009

Electronic Signature of Signing Officer or Director

Date