

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

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

02-15-2007 90052 027 ****61.25

DOCUMENT # N05000004966

1. Entity Name
MARION COUNTY COMMUNITY FOUNDATION, INC.



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

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



02022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4643673

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
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WARDLOW, III, ROBERT C
450 PLEASANT GROVE RD
INVERNESS, FL 34452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
MCCRANIE, III, ROBERT E
450 PLEASANT GROVE RD
INVERNESS, FL 34452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
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
ROBINSON, WANN V
2305 HEIGHTS 44 W
INVERNESS, FL 34453**

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40018396
N65000004966

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

Director
Dr. Stephen W. Alcorn
2837 Circle Drive
Inverness, FL 34450