


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

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

DOCUMENT # N05000004966 1. Entity Name MARION 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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01042008 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 <input type="checkbox"/> \$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
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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

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 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

<p>U000000775638 01/08/08-80037-016 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/08
Date

Daytime Phone #