


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2006 90012 014 ****61.25

DOCUMENT # N05000004991 1. Entity Name DIXIE 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 501 EAST KENNEDY BLVD STE 1700 TAMPA, FL 33602				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 *SEE ATTACHED LIST		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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: <u><i>Robert E. McGinnis III</i></u> <u><i>Robert E. McGinnis III</i></u> <u><i>5/2/06</i></u> <u><i>(562) 637-4427</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66009414



02282006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-4643556** ☐ Applied For ☐ Not Applicable

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

ATTACHMENT

6600 9414

NO 5000004991

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