

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4643556

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 BLVD STE 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 \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000778750
01/11/08-80009-017 61.25

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
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
ALCORN, DR. STEPHEN W
2837 CIRCLE DR
INVERNESS, FL 34450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, WANN V
2305 HWY 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 #