

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

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

DOCUMENT # N05000004992

1. Entity Name
LEVY 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 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4643587

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 \$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	P
NAME	WARDLOW, ROBERT C III
STREET ADDRESS	450 PLEASANT GROVE RD
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	ED
NAME	MCCRAINE, E. III
STREET ADDRESS	450 PLEASANT GROVE RD
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	TS
NAME	CASH, PAUL J
STREET ADDRESS	450 PLEASANT GROVE RD
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D
NAME	THURMAN, KAREN L
STREET ADDRESS	9067 SW BLUE RUN DR
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D
NAME	COLE, CHESTER V
STREET ADDRESS	130 HEIGHTS AVE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D
NAME	ALCORN, STEPHEN W DR
STREET ADDRESS	2837 CIR DR
CITY-ST-ZIP	INVERNESS, FL 34450

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01/08/08-80037-017 61.25

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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

1/08/08

Daytime Phone #