

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004992

FILED
Feb 06, 2009
Secretary of State

Entity Name: LEVY COUNTY COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

450 PLEASANT GROVE ROAD
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 20-4643587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGHOUSE, DONNA L
501 EAST KENNEDY BLVD STE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARDLOW, ROBERT C III
Address: 450 PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

Title: ED () Delete
Name: MCCRAINE, E. III
Address: 450 PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

Title: TS () Delete
Name: CASH, PAUL J
Address: 450 PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: THURMAN, KAREN L
Address: 9067 SW BLUE RUN DR
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: COLE, CHESTER V
Address: 130 HEIGHTS AVE
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: ALCORN, STEPHEN W DR
Address: 2837 CIR DR
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. MCCRANIE, III

ED

02/06/2009

Electronic Signature of Signing Officer or Director

Date