

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90050 048 ****61.25

DOCUMENT # N05000004994

1. Entity Name
GILCHRIST COUNTY COMMUNITY FOUNDATION, INC.



Principal Place of Business

450 PLEASANT GROVE RD
INVERNESS, FL 34452

Mailing Address

450 PLEASANT GROVE RD
INVERNESS, FL 34452

40010000



02022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4643647

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 E 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, 2007**

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 MCCRANIE, ROBERT E III
STREET ADDRESS 450 PLEASANT GROVE RD
CITY-ST-ZIP INVERNESS, FL 34452

TITLE TS
NAME CASH, J PAUL
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 DUNNELLON, FL 34432

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 CIRCLE DR
CITY-ST-ZIP INVERNESS, FL 34450

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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

Date

Daytime Phone #

ATTACHMENT

40018277
N05000004994

Gilchrist County Community Foundation, Inc.
Corporate Annual Report
Item # 10 continued

Director
Wann V. Robinson
2305 Highway 44 West
Inverness, FL 34453