

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004994

FILED
Jan 06, 2011
Secretary of State

Entity Name: GILCHRIST COUNTY COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

450 PLEASANT GROVE RD
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

450 PLEASANT GROVE RD
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 20-4643647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGHOUSE, DONNA L
501 E 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
Name: WARDLOW, ROBERT C III
Address: 450 PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

Title: ED
Name: MCCRANIE, ROBERT E III
Address: 450 PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

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

Title: D
Name: THURMAN, KAREN L
Address: 9067 SW BLUE RUN DR
City-St-Zip: DUNNELLON, FL 34432

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

Title: D
Name: ALCORN, STEPHEN W DR
Address: 2837 CIRCLE DR
City-St-Zip: INVERNESS, FL 34450

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. MCCRANIE, III

ED

01/06/2011

Electronic Signature of Signing Officer or Director

Date