2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000692

1. Entity Name

CITRUS COUNTY COMMUNITY FOUNDATION, INC.

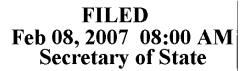


Principal Place of Business

450 PLEASANT GROVE ROAD INVERNESS, FL 34452

Mailing Address

450 PLEASANT GROVE ROAD INVERNESS, FL 34452





DO NOT WRITE IN THIS SPACE

02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number		Applied For	
59-3511466		Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

LONGHOUSE, DONNA 501 E KENNEDY BLVD STE 1700 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	Uurpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reins(sting)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCRANIE, ROBERT E III 450 PLEASANT GROVE ROAD INVERNESS, FL 34452				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, CHARLIE 3075 S. FLORIDA AVE INVERNESS, FL 34450				.000000628786 02/16/07-80031-010 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLE, CHESTER V 1315 N. VANNORTWICK ROAD LECANTO, FL 34461			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	pertify that the information supplied with this fi	iling does not qualify for the exer	nptions con	ntained in Chapter 119	9, Florida Statutes, I further certify that the information

12. Increby 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.

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Water Militage

IGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Daytime Phone #