2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002790

1. Entity Name
PARRISH COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 245 PARRISH, FL 34219 US	1804 FORT HAMER RD PARRISH, FL 34219

01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1572657
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, MARIE
1804 FT HAMOR RD
PARRISH, FL 34219

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLE, HOLLY
STREET ADDRESS	11326 30TH
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	VPT
NAME	WITT, PAT
STREET ADDRESS	139 LANTANA CIRCLE
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	TS
NAME	KUMARICH, CELE
STREET ADDRESS	2946 WILDERNESS BLVD E
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	T
NAME	HASTINGS, MARIE
STREET ADDRESS	1804 FORT HAMER RD
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/05-80014-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/21/05 941-776-0796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #