

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002790

FILED
May 01, 2009
Secretary of State

Entity Name: PARRISH COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

1804 FORT HAMER RD.
PARRISH, FL 34219 US

New Principal Place of Business:

Current Mailing Address:

1804 FORT HAMER RD.
PARRISH, FL 34219

New Mailing Address:

FEI Number: 31-1572657 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HASTINGS, MARIE
1804 FT HAMER RD
PARRISH, FL 34219 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: PD () Delete
Name: COLE, DAVID
Address: 11326 30TH
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: HASTINGS, MARIE
Address: 139 LANTANA CIRCLE
City-St-Zip: PARRISH, FL 34219

Title: TS () Delete
Name: KUMARICH, CELE
Address: 2946 WILDERNESS BLVD E
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HASTINGS, MARIE
Address: 1804 FORT HAMER ROAD
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change () Addition
Name: COULTER, CASSANDRA
Address: 12735 CR 675
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change () Addition
Name: SEIDEN, JOHN J
Address: 327 SALLY LEE DRIVE
City-St-Zip: ELLENTON, FL 34222

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: MARIE HASTINGS

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date