

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N99000003805

1. Entity Name
HERNANDO/PASCO COMMUNITY MISSION INC.



Principal Place of Business
3286 BLYTHE AVENUE
SPRING HILL, FL 34609

Mailing Address
3286 BLYTHE AVENUE
SPRING HILL, FL 34609

FILED
Apr 26, 2004 08:00 AM
Secretary of State



04122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3590923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, IVY E
3286 BLYTHE AVENUE
SPRING HILL, FL 34609

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000130011
04/26/04-80101-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FIELDS, IVY E 3286 BLYTHE AVENUE SPRING HILL, FL 34609
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CLARK, WILLIAM 4140 GLADE ROAD SPRING HILL, FL 34606
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WESCOTT, WINSTON 2245 RING ROAD SPRING HILL, FL 34609
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WESCOTT, DIANE 2245 RING ROAD SPRING HILL, FL 34609
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000130011
04/26/04-80101-004 8.75

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04

(352)
688-9595