

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003805

1. Entity Name  
HERNANDO/PASCO COMMUNITY MISSION INC.



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

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

Mailing Address  
3286 BLYTHE AVENUE  
SPRING HILL, FL 34609



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 \_\_\_\_\_ (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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CLARK, WILLIAM 4140 GLADE ROAD SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WESCOTT, WINSTON 2245 RING ROAD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WESCOTT, DIANE 2245 RING ROAD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/04-80101-004 8.75

**DO NOT WRITE 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: Ivy E. Fields  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 (352)  
Date Daytime Phone #  
688-9595

CA 04 1 12 000000130011 61.25 8.75