

2005 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

**DO NOT WRITE IN THIS SPACE**



04082005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3590923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

U000000313061  
04/18/05-80109-013 70.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #