


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Compass Bank #504
FILED
Feb 14, 2008 9:00 AM
Secretary of State

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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ivy E. Fields</u>		Date <u>2/12/08</u> Daytime Phone # <u>(352) 688-9595</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3590923	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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02/21/08-80088-019 61.25

DO NOT WRITE
IN THIS SPACE