


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90326 027 ****70.00

DOCUMENT # N00000004182			
1. Entity Name P-3 COMMUNITY FOUNDATION, INC.			
Principal Place of Business 100 N WOODLAND BLVD DELAND, FL 32720		Mailing Address P.O. BOX 9987 DAYTONA BEACH, FL 32120-9987	
2. Principal Place of Business		3. Mailing Address P.O. Box 523	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Deland FL	
Zip	Country	Zip	Country
		32721-0523	Volusia
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACFADYEN, BONNIE J 5438 DUBOIS AVENUE PORT ORANGE, FL 32127		Name MARCYE S. HAMPTON, CPA, MBA	
		Street Address (P.O. Box Number is Not Acceptable) 221 N SPARKMAN AVE	
		City ORANGE CITY FL	
		Zip Code 32763	
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 <i>Marcy Hampton, CPA, MBA</i>		SIGNATURE MARCYE S. HAMPTON, CPA, MBA 4/20/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMELICK, NITA 411 GLEN ABBEY LANE DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCYE HAMPTON 221 N. SPARKMAN AVE ORANGE CITY FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACFADYEN, BONNIE 5438 DUBOIS AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike BARRETT 901 Dove Hunter Rd DELAND, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRELL, LINDA 599 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Belinda Henderson 44 Butlermill Dr Palm Coast FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON-SESSOMS, VERNELLE 1434 GULF AVE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenneth Fortner 210 Bunker Court DeBary FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORTMAN, DEBORAH S 2858 FLOWING WELL RD DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director/Secretary Donna BANKS 59 Woodfield Dr Palm Coast FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Nita Schmellick, NITA Schmellick</i>		SIGNATURE 4/20/04 386 734 4075	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	