

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT




FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90553 004 ****70.00

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04142005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000004182					
1. Entity Name P-3 COMMUNITY FOUNDATION, INC.					
Principal Place of Business 100 N WOODLAND BLVD, Suite 4 DELAND, FL 32720			Mailing Address P.O. BOX 523 DELAND, FL 32721-0523		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3663309	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMPTON, MARCYE S CPA, MBA 221 N SPARKMAN AVE ORANGE CITY, FL 32763			Name <u>Ken Fortner</u> Street Address (P.O. Box Number is Not Acceptable) <u>210 Bunker Court</u> City <u>DeBary FL</u> Zip Code <u>32713</u>		
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 <u>4/14/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<u>Pres/CEO</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMELLIK, NITA		NAME		
STREET ADDRESS	411 GLEN ABBEY LANE		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<u>Director</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, MARCYE		NAME		
STREET ADDRESS	221 N. SPARKMAN AVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<u>Pres. Director</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, MIKE		NAME		
STREET ADDRESS	901 DOVE HUNTER RD		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<u>TD Ken Fortner</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, BELINDA		NAME	<u>Ken Fortner</u>	
STREET ADDRESS	44 BUTTERMILL DR		STREET ADDRESS	<u>210 Bunker Court</u>	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	<u>DeBary, FL 32713</u>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<u>D Janet Hamer</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTMAN, DEBORAH S		NAME	<u>Janet Hamer</u>	
STREET ADDRESS	2858 FLOWING WELL RD		STREET ADDRESS	<u>520 Ocean Dunes Rd</u>	
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	<u>Daytona Beach FL 32118</u>	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<u>D Jenni Fer Beckwith</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANKS, DONNA		NAME	<u>Jenni Fer Beckwith</u>	
STREET ADDRESS	59 WOODFIELD DR		STREET ADDRESS	<u>3395 Morning Dove Dr.</u>	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	<u>DeLand, FL 32720</u>	
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: 				DATE <u>4/14/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	