

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 730901 (6)

1. Corporation Name

SARASOTA COUNTY 4-H FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2900 RINGLING BLVD.
SARASOTA FL 34237-5332**

**2900 RINGLING BLVD.
SARASOTA FL 34237-5332**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1974		3a. Date of Last Report 02/13/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1593740		Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, ROBERT M. 520 GIVENS SARASOTA FL 33578				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. Zip Code FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☒ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	FISH, BETSY LONDON	1.2 NAME	Evalena Vann
STREET ADDRESS	3321 GOCIO ROAD	1.3 STREET ADDRESS	5005 S. McIntosh Road
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	TD ☒ DELETE	2.1 TITLE	VP/D ☒ Change ☐ Addition
NAME	DREW, TOM	2.2 NAME	Richard Kagy
STREET ADDRESS	1250 CORNISH COURT	2.3 STREET ADDRESS	1945 Racimo Drive
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34240
TITLE	PD ☒ DELETE	3.1 TITLE	S/D ☒ Change ☐ Addition
NAME	STRICKLAND, DON	3.2 NAME	Bonita Chandler
STREET ADDRESS	5640 VANDERPE RD	3.3 STREET ADDRESS	5601 Boulder Avenue
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	VPD ☒ DELETE	4.1 TITLE	T/D ☒ Change ☐ Addition
NAME	CARROLL, BILL	4.2 NAME	Janie Kagy
STREET ADDRESS	7697 SADDLE CREEK TRAIL	4.3 STREET ADDRESS	1945 Racimo Drive
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34240
TITLE	D ☒ DELETE	5.1 TITLE	4-H Agent/Advisor ☒ Change ☐ Addition
NAME	WENTZEL, CYNTHIA	5.2 NAME	Cynthia Wentzel
STREET ADDRESS	2900 RINGLING BLVD	5.3 STREET ADDRESS	2900 Ringling Boulevard
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34237
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Evalena Vann

Evalena Vann

4-29-96 (941)922-5312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)