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FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**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**3. Date Incorporated or Qualified
10/10/19743a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number

59-1593740Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐ **\$5.00 May Be
Added to Fees**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

84 City

FL

85 Zip Code

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME **PD
EVALENA VANN**
STREET ADDRESS **5005 S MCINTOSH RD**
CITY - ST - ZIP **SARASOTA FL**1.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME **VPD
RICHARD KAGY**
STREET ADDRESS **1945 RACIMO DR**
CITY - ST - ZIP **SARASOTA FL**1.2 NAME ☐ Change ☐ AdditionTITLE ☒ DELETENAME **SD
BONITA CHANDLER**
STREET ADDRESS **5601 BOULDER AVE**
CITY - ST - ZIP **SARASOTA FL**1.3 STREET ADDRESS ☐ Change ☒ AdditionTITLE ☐ DELETENAME **TD
JANIE KAGY**
STREET ADDRESS **1945 RACIMO DR**
CITY - ST - ZIP **SARASOTA FL**1.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE ☐ DELETENAME **A
CYNTHIA WENTZEL**
STREET ADDRESS **2900 RINGLING BLVD**
CITY - ST - ZIP **SARASOTA FL**2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**KATHY KURZ
106 VAN DYKE DR
NOKOMIS, FL 34275****980002089985****-02/17/97--01046--075*******61.25**

14. I do 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 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: **Janie Kagy** **JANIE KAGY**

Date

2/5/97Daytime Phone # **316-1000****0063337**

CR2E037 (9/96)