

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

10/10/1974

4. FEI Number

59-1593740

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **EVALENA VANN**
STREET ADDRESS **5005 S MCINTOSH RD**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **RICHARD KAGY**
1.3 STREET ADDRESS **1945 Racimo Dr.**
1.4 CITY-ST-ZIP **Sarasota, FL 34240**

TITLE **VPD** ☒ DELETE
NAME **RICHARD KAGY**
STREET ADDRESS **1945 RACIMO DR**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **BILL McCLAIN**
2.3 STREET ADDRESS **2890 Dick Wilson Dr.**
2.4 CITY-ST-ZIP **Sarasota, FL 34240**

TITLE **SD** ☒ DELETE
NAME **KURZ, KATHY**
STREET ADDRESS **106 VAN DYKE DR**
CITY-ST-ZIP **NOKOMIS FL 34275**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **ELVA FARREL**
3.3 STREET ADDRESS **118 Holly Ave.**
3.4 CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **TD** ☐ DELETE
NAME **JANIE KAGY**
STREET ADDRESS **1945 RACIMO DR**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **A** ☒ DELETE
NAME **CYNTHIA WENTZEL**
STREET ADDRESS **2900 RINGLING BLVD**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE **A** ☒ Change ☐ Addition
5.2 NAME **LYNN MISON**
5.3 STREET ADDRESS **2900 Ringling Blvd.**
5.4 CITY-ST-ZIP **Sarasota, FL 34243**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **A** ☐ Change ☒ Addition
6.2 NAME **KEITH WILSON**
6.3 STREET ADDRESS **2900 Ringling Blvd.**
6.4 CITY-ST-ZIP **Sarasota, FL**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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:

[Handwritten Signature]

CR2E037 (10/97)