



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90112 038 \*\*\*\*61.25

DOCUMENT # N04000011571					
1. Entity Name HILLSBOROUGH COUNTY 4-H YOUTH FOUNDATION, INC.					
Principal Place of Business 5339 SOUTH COUNTY ROAD 579 SEFFNER, FL 33584		Mailing Address 5339 SOUTH COUNTY ROAD 579 SEFFNER, FL 33584		 03272006 Chg-NP CR2E037 (11/05)	
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 20-1466250	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
JORDAN, HOLLY 5339 SOUTH COUNTY ROAD SEFFNER, FL 33584				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
				FL Zip Code	
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>Holly Jordan</i>				DATE <i>3/10/06</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, MARK		NAME	Mark Jordan	
STREET ADDRESS	5415 SHAKESPEARE DRIVE		STREET ADDRESS	5415 Shakespeare Dr.	
CITY-ST-ZIP	DOVER, FL 33527		CITY-ST-ZIP	Dover, FL 33527	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, KAREN		NAME		
STREET ADDRESS	1309 BELL SHOALS ROAD		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHESON, BRUCE		NAME	Bruce Hutcheson	
STREET ADDRESS	5569 PINE STREET		STREET ADDRESS	5569 Pine St.	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	Seffner, FL 33584	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMB, GENE		NAME	Gene Holcomb	
STREET ADDRESS	905 GAMBIT PL.		STREET ADDRESS	905 Gambit Pl.	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	Seffner, FL 33584	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, LAMAR		NAME	Lamar Camp	
STREET ADDRESS	9513 HIGHLAND AVE		STREET ADDRESS	9513 Highland Ave	
CITY-ST-ZIP	TAMPA, FL 33621		CITY-ST-ZIP	Tampa, FL 33621	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jemy Hinton	
STREET ADDRESS			STREET ADDRESS	1610 N Taylor Rd	
CITY-ST-ZIP			CITY-ST-ZIP	BRANDON, FL 33510	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Lamar Camp</i>			LAMAR CAMP		3-10-06 932-8577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #