


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90056 036 ****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				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 20-1466250			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JORDAN, HOLLY 5339 SOUTH COUNTY ROAD SEFFNER, FL 33584			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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 4/11/08				
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, 2008		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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCKINNEY, MICHAEL		NAME				
STREET ADDRESS	1850 RAVENRIDGE ST		STREET ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HUTCHESON, BRUCE		NAME				
STREET ADDRESS	5569 PINE STREET		STREET ADDRESS				
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	H OLCOMB, GENE		NAME				
STREET ADDRESS	905 GAMAT PL		STREET ADDRESS				
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TOMPKINS, BETTY JO		NAME				
STREET ADDRESS	1706 S. KINGS AVE		STREET ADDRESS				
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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>Michael McKinney</i>			Date 3-16-08				
Signature and typed or printed name of signing officer or director			Date Daytime Phone #				