

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011571

FILED
Apr 22, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY 4-H YOUTH FOUNDATION, INC.

Current Principal Place of Business:

5339 SOUTH COUNTY ROAD 579
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

5339 SOUTH COUNTY ROAD 579
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 20-1466250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, HOLLY
5339 SOUTH COUNTY ROAD
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKINNEY, MICHAEL
Address: 1850 RAVENRIDGE ST
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VD () Delete
Name: HUTCHESON, BRUCE
Address: 5569 PINE STREET
City-St-Zip: SEFFNER, FL 33584

Title: TD () Delete
Name: H OLCOMB, GENE
Address: 905 GAMAT PL
City-St-Zip: SEFFNER, FL 33584

Title: SD () Delete
Name: TOMPKINS, BETTY JO
Address: 1706 S. KINGS AVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SIMPSON, DEBBIE
Address: 314 E. TENNESSEE AVE.
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE SIMPSON

SD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date