2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N08000010866

Entity Name: LAKE COUNTY 4-H FOUNDATION, INC.

Current Principal Place of Business:

1951 WOODLEA ROAD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1951 WOODLEA ROAD
TAVARES, FL 32778

New Mailing Address:

FEI Number: 33-1164023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROHE, A.J.
201 W MAIN ST.
TAVARES, FL 32778 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:	D	( ) Delete
Name:	AYERS, DAVID H	
Address:	120 E. CYPRESS AVE.	
City-St-Zip:	HOWEY-IN-THE-HILLS, FL 34737	
Title:	D	( ) Delete
Name:	HENSON, JENNIFER	
Address:	3317 OAK BROOK LANE	
City-St-Zip:	EUSTIS, FL 32736	
Title:	D	( ) Delete
Name:	LAROE, EARL (GENE) E	
Address:	2891 E. ORANGE AVE.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	V	( ) Delete
Name:	LAROE, CORDELLA S	
Address:	2891 E. ORANGE AVE.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	P	( ) Delete
Name:	SULLIVAN, PATRICIA	
Address:	901 HASELTON ST.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	S	( ) Delete
Name:	CORNELL, W.W.	
Address:	25141 BRASSIE DRIVE	
City-St-Zip:	SORRENTO, FL 32776	

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

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: DAVID H. AYERS D 03/10/2009
Electronic Signature of Signing Officer or Director — Date