

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41448

(4)

1. Corporation Name

ESCAMBIA COUNTY 4-H FOUNDATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 7154  
PENSACOLA FL 32534-0154

P.O. BOX 7154  
PENSACOLA FL 32534-0154

3. Date Incorporated or Qualified  
12/24/1990

3a. Date of Last Report  
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3041362

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POHLMANN, TRISHA K.  
3740 STEFANI ROAD  
CANTONMENT FL 32533

81 Name

ROGER M. ELLIOTT

82 Street Address (P.O. Box Number is Not Acceptable)

3740 STEFANI RD

83

84 City

CANTONMENT

FL

85 Zip Code

32533

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

*Roger M. Elliott*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 25, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TIMBERLAKE, DAVID W.  
615 RAY ST.  
PENSACOLA FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE VP  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
GIBBS, MARIE  
3811 W. NINE MILE RD.  
PENSACOLA FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE TD  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SCOTT, JOHN P.  
7459 WYMART RD  
PENSACOLA FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE SD  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
GREEN, JAMES  
925 SEAN RD  
MOLINA FL

☐ DELETE

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

TITLE D  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHRISTENBERRY, LAMAR  
1045 GREEN HILLS RD  
CANTONMENT FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE D  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MARSHALL, SAMUEL  
5516 W. MOLINO RD.  
CANTONMENT FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Marie Gibbs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996 904-944-9000

Date

Daytime Phone #

CR2E037 (12/95)