## **NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90119 048 \*\*\*\*70.00

1. Entity Name	MENT#///4//94/ hbia County 4-H Founda				
	OO NOT WRITE	IN THIS S	PACE		
Principal Place of Business     3740 Stefani Road     Suite, Apt. #, etc.		3. Mailing Address 3740 Stefani Road Suite, Apt. #, etc.		24072753 DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3041362	Applied For
Cantonment, FL  Zip Country 32533-7792 Escambia		Zip 3253307792	Country Escambia	5. Certificate of Status Desired  See Required  Not Applicable  \$8.75 Additional Fee Required	
S & COUNTY OF THE PARTY OF THE		Marie and American	7. Name and Address of Current Registered Agent		
	DO NOT W IN THIS SF			s (P.O. Box Number is Not Acceptable)	
			City		FL Zip Code
SIGNATURE -	Signature, typed or printed name of registered agent  FEE IS \$61.25  Initial or Amended UBR  OFFICERS AND DIE	9. Election C Trust Fund	OTE: Registered Agent signature requiestance of the control of the	\$5.00 May Be Make	Check Payable to Department of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - Georgia Sunday 6974 Cutter Street Pensacola, FL 32505		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V - Neil Jacobi P. O. Box 322 Molino, FL 32577		TITLE NAME STREET ADDRESS CITY-ST-ZIP	American Control of the Control of t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S - Felecia Chivington 6523 Rambler Drive Pensacola, FL 32505		NAME STREET ADDRESS CUTY + ST > ZIP	DO NOT W	VRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M - Roger Elliott 3740 Stefani Road Cantonment, FL 32533		TITLE Namë Street Aodrëss City-St-Zip	IN THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Lamar Christenberry 3740 Stefani Road Cantonment, FL 32533		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Marilyn Wesley 150 W. Maxwell Street Pensacola, FL 32501		TITLE.  NAME  STREET ADDRESS  CITY-ST-ZIP		

indicated on this report or supplied with all properties 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04

850/475-5230

Daytime Phone #