

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-10-2003 90161 049 ****61.25

DOCUMENT # N41448

1. Entity Name

ESCAMBIA COUNTY 4-H FOUNDATION, INC.



Principal Place of Business

3740 STEFANI RD
CANTONMENT FL 32533
US

Mailing Address

3740 STEFANI RD
CANTONMENT FL 32533
US

2. Principal Place of Business

3740 Stefani Road
Suite, Apt. #, etc.

3. Mailing Address

3740 Stefani Road
Suite, Apt. #, etc.

City & State

Cantonment, FL 32533

City & State

Cantonment, FL 32533

4. FEI Number 59-3041362

Applied For

Not Applicable

Zip

32533

Country

US

Zip

32533

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, ROGER M
3740 STEFANI ROAD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name Elliott, Roger M.
Street Address (P.O. Box Number Is Not Acceptable)
3740 Stefani Road
City Cantonment FL Zip Code 32533

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

Roger M. Elliott

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

Roger M. Elliott

(NOTE: Registered Agent signature required when reinstating)

1/15/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, JOHN 557 NORTHCREEK CIRCLE PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUNDAY, GEORGIA 6974 CUTTER STREET PENSACOLA FL 32505	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, BLAISE 2455 BLUFF CIRCLE PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENBERRY, LAMAR 1045 GREEN HILLS RD CANTONMENT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Sunday, Georgia 6974 Cutter Street Pensacola, FL 32505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jacobi, Neil P. O. Box 322 Melino, FL 32577	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Chivington, Felecia 6523 Rambler Drive Pensacola, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Roger M. Elliott REQUIRED Roger M. Elliott

1/15/03 850/475-5280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)