

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002399 (2)**  
1. Corporation Name  
**TAYLOR COUNTY 4H FOUNDATION, INC.**



Principal Place of Business <b>203 FOREST PARK DRIVE PERRY FL 32347</b>	Mailing Address <b>203 FOREST PARK DRIVE PERRY FL 32347-6340</b>
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3. Date Incorporated or Qualified <b>05/15/1995</b>	3a. Date of Last Report <b>06/26/1996</b>
4. FEI Number <b>59-3360878</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**OLSON, CLAY B  
203 FOREST PARK DRIVE  
PERRY FL 32347**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

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: *Clay Olson* **Clay Olson** DATE: **2/14/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>BISHOP, CONRAD C JR.</b>
STREET ADDRESS	<b>POST OFFICE BOX 167 N/A</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>BUTLER, LOUISE</b>
STREET ADDRESS	<b>2752 S. BYRON BUTLER PKWY</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>WHITFIELD, DIANE</b>
STREET ADDRESS	<b>POST OFFICE BOX 778 COURTNEY GRADE</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>BETHEA, ANDY</b>
STREET ADDRESS	<b>ROUTE 5 BOX 485-9</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>ALEXANDER, AL</b>
STREET ADDRESS	<b>118 MIMOSA LANE</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HOUCK, HELEN</b>
STREET ADDRESS	<b>ROUTE 3 BOX 484</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>654 Franks Fair Lane</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Diane V. Whitfield* **Diane V. Whitfield** DATE: **2/20/97** DAYTIME PHONE: **(904) 938-2571**

CFRE037 (9/96)