


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000002399 (2)**  
1. Corporation Name  
**TAYLOR COUNTY 4-H 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</b>
--	--

3. Date Incorporated or Qualified <b>05/15/1995</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-3360878</b>		
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
---	--

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  
85 Zip Code  
**FL**

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* DATE: **1/6/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>BISHOP, CONRAD C JR.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POST OFFICE BOX 167 N/A</b>	1.2 NAME	
STREET ADDRESS	<b>PERRY FL 32347</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>BUTLER, LOUISE</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2752 S. BYRON BUTLER PKWY</b>	2.2 NAME	
STREET ADDRESS	<b>PERRY FL 32347</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>WHITFIELD, DIANE</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POST OFFICE BOX 778 COURTNEY GRADE</b>	3.2 NAME	
STREET ADDRESS	<b>PERRY FL 32347</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>BETHEA, ANDY</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>654 FRANKS FAIR LANE</b>	4.2 NAME	
STREET ADDRESS	<b>PERRY FL</b>	4.3 STREET ADDRESS	<b>Sharon Hathcock</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>508 N. Aquinaldo, RT3 BOX 308</b>
TITLE	<b>ALEXANDER, AL</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>118 MIMOSA LANE</b>	5.2 NAME	
STREET ADDRESS	<b>PERRY FL 32347</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>HOUCK, HELEN</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUTE 3 BOX 464</b>	6.2 NAME	
STREET ADDRESS	<b>PERRY FL 32347</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* DATE: **1/9/98**

CR2E037 (10/97)