

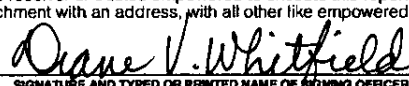


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90062 002 ****61.25

DOCUMENT # N95000002399					
1. Entity Name TAYLOR COUNTY 4-H FOUNDATION, INC.					
Principal Place of Business 203 FOREST PARK DRIVE PERRY, FL 32347			Mailing Address 203 FOREST PARK DRIVE PERRY, FL 32347		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01282004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3360878	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLSON, CLAY B 203 FOREST PARK DRIVE PERRY, FL 32347			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		CLAY B. OLSON		1-28-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, CONRAD C JR.		NAME	DICE, JUNE	
STREET ADDRESS	POST OFFICE BOX 167 N/A		STREET ADDRESS	5520 IRA L. SMITH ROAD	
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP	GREENVILLE, FL 32331-8770	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	MELVELYN PUTNAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, LOUISE		NAME	5480 BRYANT RUSSELL ROAD	
STREET ADDRESS	2752 S. BYRON BUTLER PKWY		STREET ADDRESS	PERRY, FL 32348-5725	
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITFIELD, DIANE		NAME		
STREET ADDRESS	POST OFFICE BOX 778 COURTNEY GRADE		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHCOCK, SHARON		NAME		
STREET ADDRESS	508 N AQUANALDO, RT 3 BOX 308		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, AL		NAME		
STREET ADDRESS	118 MIMOSA LANE		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUCK, HELEN		NAME		
STREET ADDRESS	7050 RED PADGETT RD		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
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: 		DIANE V. WHITFIELD		1-28-04 850 8382536	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

DIANE V. WHITFIELD