

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 026 ****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

50007074



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01182005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 OLSON, CLAY B
 203 FOREST PARK DRIVE
 PERRY, FL 32347

4. FEI Number
 59-3360878

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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 Olson* DATE 1/24/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by May 1, 2005

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	T	<input type="checkbox"/> Delete
NAME	DICE, JUNE	
STREET ADDRESS	5520 IRA L SMITH RD	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	T	<input type="checkbox"/> Delete
NAME	PUTNAL, MELVELYN	
STREET ADDRESS	5480 BRYANT RUSSELL RD	
CITY-ST-ZIP	PERRY, FL 32348	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITFIELD, DIANE	
STREET ADDRESS	POST OFFICE BOX 778 COURTNEY GRADE	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	T	<input type="checkbox"/> Delete
NAME	HATHCOCK, SHARON	
STREET ADDRESS	508 N AQUANALDO, RT 3 BOX 308	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALEXANDER, AL	
STREET ADDRESS	118 MIMOSA LANE	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOUCK, HELEN	
STREET ADDRESS	7050 RED PADGETT RD	
CITY-ST-ZIP	PERRY, FL 32347	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Sharon Hathcock* Sharon Hathcock 1/24/05 850-838-2535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #