


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3360878

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

OLSON, CLAY B
203 FOREST PARK DRIVE
PERRY, FL 32347

DO NOT WRITE IN THIS SPACE

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: 1/13/06

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, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

U00000388942
01/23/06-80005-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Hathcock DATE: 1/13/06 856-838-3508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #