


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 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
---	---



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3360878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000799415 01/30/08-80068-007 61.25
---	---	--

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

DO NOT WRITE IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Clay Olson	1/25/08	850-838-3508
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	