

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N95000002399

Entity Name: TAYLOR COUNTY 4-H FOUNDATION, INC.

Current Principal Place of Business:

203 FOREST PARK DRIVE
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

203 FOREST PARK DRIVE
PERRY, FL 32347

New Mailing Address:

FEI Number: 59-3360878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DICE, JUNE
Address: 5520 IRA L SMITH RD
City-St-Zip: GREENVILLE, FL 32331

Title: T () Delete
Name: PUTNAL, MELVELYN
Address: 5480 BRYANT RUSSELL RD
City-St-Zip: PERRY, FL 32348

Title: T () Delete
Name: WHITFIELD, DIANE
Address: POST OFFICE BOX 778 COURTNEY GRADE
City-St-Zip: PERRY, FL 32347

Title: T () Delete
Name: HATHCOCK, SHARON
Address: 508 N AQUANALDO, RT 3 BOX 308
City-St-Zip: PERRY, FL 32347

Title: T () Delete
Name: ALEXANDER, AL
Address: 118 MIMOSA LANE
City-St-Zip: PERRY, FL 32347

Title: T () Delete
Name: HOUCK, HELEN
Address: 7050 RED PADGETT RD
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY B. OLSON

_____ Electronic Signature of Signing Officer or Director

MR.

01/06/2009

_____ Date