

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90168 045 ****61.25

DOCUMENT # N95000002399

1. Entity Name
TAYLOR COUNTY 4H FOUNDATION, INC.



Principal Place of Business
**203 FOREST PARK DRIVE
PERRY FL 32347**

Mailing Address
**203 FOREST PARK DRIVE
PERRY FL 32347**

40013556



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3360878**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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 Olson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/14/03
DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	BISHOP, CONRAD C JR.	
STREET ADDRESS	POST OFFICE BOX 167 N/A	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUTLER, LOUISE	
STREET ADDRESS	2752 S. BYRON BUTLER PKWY	
CITY-ST-ZIP	PERRY FL 32347	
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	

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
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON HATHCOCK 1/14/03 850-838-2535

CR2E037 (10/02)