

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010866

**Entity Name:** LAKE COUNTY 4-H FOUNDATION, INC.**Current Principal Place of Business:**1951 WOODLEA ROAD  
TAVARES, FL 32778**Current Mailing Address:**1951 WOODLEA ROAD  
TAVARES, FL 32778**FEI Number:** 33-1164023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHORT, MELINDA S  
1951 WOODLEA ROAD  
TAVARES, FL 32778 US*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:** MELINDA S SHORT

03/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name           BROWN, GLENDIA  
Address        8605 NUMBER TWO ROAD  
City-State-Zip: HOWEY IN THE HILLS FL 34737

Title            SECRETARY  
Name           SHORT, MELINDA S  
Address        PO BOX 2401  
City-State-Zip: MINNEOLA FL 34755

Title            DIRECTOR  
Name           FOLEY , NADINE  
Address        PO BOX 88  
City-State-Zip: UMATILLA FL 32784

Title            DIRECTOR  
Name           HAYES, DEBBIE  
Address        1211 ANDERSON LANE  
City-State-Zip: LADY LAKE FL 32159

Title            DIRECTOR  
Name           IRRGANG, SARA  
Address        PO BOX 502  
City-State-Zip: SORRENTO FL 32776

Title            DIRECTOR  
Name           SHANAVER, FRANCES  
Address        PO BOX 350662  
City-State-Zip: GRAND ISLAND FL 32735

Title            VP  
Name           WHITTEN, JEANETTE  
Address        1701 S MARY ST  
City-State-Zip: EUSTIS FL 32726

Title            PRESIDENT  
Name           DUFRENSE, ADAM  
Address        1951 WOODLEA ROAD  
City-State-Zip: TAVARES FL 32778

*I hereby 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 all other like empowered.*

**SIGNATURE:** MELINDA S SHORT**SECRETARY**

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date