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: NICHOLAS SIMMONS

I

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N41448

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

Current Principal Place of Business:

3740 STEFANI RD CANTONMENT, FL 32533

Current Mailing Address:

3740 STEFANI RD CANTONMENT, FL 32533 US

FEI Number: 59-3041362

Name and Address of Current Registered Agent:

SIMMONS, NICHOLAS B CED 3740 STEFANI ROAD CANTONMENT, FL 32533 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:	NICHOLAS B. SIMMONS			01/26/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	TREASURER	Title	PRESIDENT		
Name E	BELL, BRIAN	Name	PETERSON, ANNE		
Address 3	359 BUNKER HILL ROAD	Address	4711 CRARY RD		
City-State-Zip: F	PENSACOLA FL 32506	City-State-Zip:	CENTURY FL 32535		
Title	SECRETARY	Title	COUNTY EXTENSION DIRECT	OR	
Name M	MORGAN, LESA	Name	SIMMONS, NICHOLAS B		
Address 3	30 EAST TEXTAR ST	Address	2162 PADDLEWHEEL WAY		
City-State-Zip: F	PENSACOLA FL 32503	City-State-Zip:	CANTONMENT FL 32533		
Title	VP				
Name 0	GILMORE, JACOB				
Address 8	8284 GILMORE ROAD				
City-State-Zip:	MOLINO FL 32577				

Certificate of Status Desired: No

FILED Jan 26, 2023 Secretary of State 6020189190CC

Date

01/26/2023

COUNTY EXTENSION

DIRECTOR