

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700833

(7)

1. Corporation Name

THE 4-H CLUB OF LAKE LAND INC.

Principal Place of Business

Mailing Address

5209 LUNN ROAD
LAKE LAND FL 33811

5209 LUNN ROAD
LAKE LAND FL 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1960

3a. Date of Last Report

05/17/1994

4. FEI Number

59-2978717

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAIR, ARTHUR M.
5209 LUNN ROAD
2600 COUNTY LINE RD.
LAKE LAND FL 33811

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

NOTE: Registered Agent, sign and print name (if required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BRENNEMAN, JOHN S.
STREET ADDRESS	1225 PARKER ROAD
CITY, ST, ZIP	LAKE LAND FL
TITLE	VD
NAME	STRAIN, HOBSON L., JR.
STREET ADDRESS	1221 EDGEWOOD DR E
CITY, ST, ZIP	LAKE LAND FL
TITLE	TSD
NAME	FAIR, ARTHUR M.
STREET ADDRESS	5209 LUNN ROAD
CITY, ST, ZIP	LAKE LAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☒ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	33811
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☒ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	33811
41 TITLE	☐ Change ☐ Addition
42 NAME	TR
43 STREET ADDRESS	DONALD E. KIRKLAND
44 CITY, ST, ZIP	4839 PIPKIN RD S LAKE LAND FL 33811
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ARTHUR M FAIR *Arthur M Fair*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-95
Date

813 6441330
Telephone No.