


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 700833 (7)</b> 1. Corporation Name <b>THE 4-H CLUB OF LAKE LAND INC.</b>					
Principal Place of Business			Mailing Address		
434 W. PIPKIN ROAD LAKE LAND FL 33813 US			5209 LUNN ROAD LAKE LAND FL 33811-2623		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/20/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		03/20/1996	
City & State		City & State		4. FEI Number	
23		28		59-2978717	
Zip		Country		5. Certificate of Status Desired	
24		25		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____					
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BRENNEMAN, JOHN S.				
STREET ADDRESS	1225 PARKER ROAD				
CITY-ST-ZIP	LAKE LAND FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	STRAIN, HOBSON L., JR.				
STREET ADDRESS	1221 EDGEWOOD DR E				
CITY-ST-ZIP	LAKE LAND FL				
TITLE	TSD	<input type="checkbox"/> DELETE			
NAME	FAIR, ARTHUR M.				
STREET ADDRESS	5209 LUNN ROAD				
CITY-ST-ZIP	LAKE LAND FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	KIRKLAND, DONALD E.				
STREET ADDRESS	4839 PIPKIN RD. S				
CITY-ST-ZIP	LAKE LAND FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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 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					
1/24/97 944 680 5245					

CR2E037 (9/96)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053044