2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# 705136

Entity Name: FLORIDA 4-H CLUB FOUNDATION, INC.

Current Principal Place of Business:

3103 MCCARTY HALL U OF F
PO BOX 110225
GAINESVILLE, FL 32611 US

New Principal Place of Business:

3103 MCCARTY HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 US

Current Mailing Address:

3103 MCCARTY HALL U OF F
PO BOX 110225
GAINESVILLE, FL 32611 US

New Mailing Address:

PO BOX 110225
GAINESVILLE, FL 326110225 US

FEI Number: 59-1000186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, MARILYN N
3103 MCCARTY HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326110225 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BIRD, KRISTIN
Address: 3658 NW 43RD PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete
Name: PARRISH, TODD
Address: 302 SOUTH HIGHLAND AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD ( ) Delete
Name: SELLERS, MARC
Address: 50 NORTH LAURA STREET SUITE 3700
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD ( ) Delete
Name: NORMAN, MARILYN N
Address: 3103 MCCARTY HALL, U OF F
City-St-Zip: GAINESVILLE, FL 326110225

Title: D ( ) Delete
Name: SIMS, MICHAEL D
Address: 5601 SE 66TH STREET
City-St-Zip: OCALA, FL 34480

Title: PD ( ) Delete
Name: KENNEY, MICHAEL C
Address: 2141 CROWN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BIRD, KRISTIN
Address: 3527 SW 20TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: PD (X) Change ( ) Addition
Name: PARRISH, TODD
Address: 302 SOUTH HIGHLAND AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD (X) Change ( ) Addition
Name: SELLERS, MARC
Address: 50 NORTH LAURA STREET SUITE 3700
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: HALLIBURTON, JASON
Address: 1903 S 25TH , STE 200
City-St-Zip: FORT PIERCE, FL 34947

Title: D (X) Change ( ) Addition
Name: KENNEY, MICHAEL C
Address: 2141 CROWN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARILYN N NORMAN SECR 04/14/2008
Electronic Signature of Signing Officer or Director — Date