

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705136

FILED  
Apr 01, 2009  
Secretary of State

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

## Current Principal Place of Business:

3103 MCCARTY HALL  
UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 32611 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 110225  
GAINESVILLE, FL 326110225 US

## New Mailing Address:

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: 3527 SW 20TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32607

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

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

Title: D ( ) 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: 2915 NW 50TH TER  
City-St-Zip: GAINESVILLE, FL 32606

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

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

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

Title: VD (X) Change ( ) Addition  
Name: HALLIBURTON, JASON  
Address: 800 N MAGNOLIA AVE, SUITE 1500  
City-St-Zip: ORLANDO, FL 32803

Title: PD (X) Change ( ) Addition  
Name: WALDRON, MIKE  
Address: 956 OLD STATE RD 8  
City-St-Zip: VENUS, FL 33960

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

SD

04/01/2009

Electronic Signature of Signing Officer or Director

Date