FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:58

DOCUMENT # 715263 (0)

1. Corporation Name
BROWARD COUNTY 4-H FOUNDATION. INC.

Principal Place of Business	Mailing Address
3245 COLLEGE AVENUE DAVIE FL 33314	3245 COLLEGE AVENUE DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7036262 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TEMPLE, MARY ANN
6880 NE 81ST TERR
PARKLAND 33067

10. Name and Address of New Registered Agent

81 Name: Suzanne Sojack
82 Street Address (P.O. Box Number is Not Acceptable): 2121 N. State Road #7
83
84 City: Margate FL 85 Zip Code: 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Suzanne Sojack DATE: 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S	☒ Change ☐ Addition
NAME	SPEE, SUSAN	1.2 NAME	McCartney, Sandra	
STREET ADDRESS	1131 SW 111 TERRACE	1.3 STREET ADDRESS	5790 SW 130 Avenue	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33330	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PIERSON, GIL	2.2 NAME		
STREET ADDRESS	227 NW 2ND ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	TEMPLE, MARY ANN	3.2 NAME	Hulse, Don	
STREET ADDRESS	6880 NW 81ST TERRACE	3.3 STREET ADDRESS	21427 Crozier Avenue	
CITY-ST-ZIP	PARKLAND FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	SOJACK, SUZANNE	4.2 NAME		
STREET ADDRESS	2121 N ST RD 7	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	T	☐ Change ☒ Addition
NAME		5.2 NAME	O'Connell, Valerie	
STREET ADDRESS		5.3 STREET ADDRESS	8170 NW 47th Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	O'Connell, John	
STREET ADDRESS		6.3 STREET ADDRESS	8170 NW 47th Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Springs, FL 33067	

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 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: Suzanne Sojack 1/25/95 305-972-3525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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