

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

SOJACK, SUZANNE  
471 SE 7 AVE  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

09/13/1968

4. FEI Number

23-7036262

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

SHARON KUBAT

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

3245 College Avenue

83

DAVIE FL 33314

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
S (D)  
MCCARTNEY, SANDRA  
5790 SW 130 AVENUE  
FT. LAUDERDALE FL

TITLE NAME ☒ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
VP  
GARDNER, PETER C  
3200 SW 116TH AVE  
DAVIE FL

TITLE NAME ☒ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
D  
SPEE, SUSAN  
10501 W. BROWARD BLVD., APT. 203  
PLANTATON FL

TITLE NAME ☒ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
P  
SOJACK, SUZANNE  
471 SE 7 AVE  
POMPANO BEACH FL

TITLE NAME ☒ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
T  
O'CONNELL, VALERIE  
8170 NW 47TH DRIVE  
CORAL SPRINGS FL

TITLE NAME ☒ DELETE

STREET ADDRESS  
CITY-ST-ZIP  
D  
O'CONNELL, JOHN  
8170 NW 47TH DRIVE  
CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☒ Change ☐ Addition

1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME ☒ Change ☐ Addition

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME ☐ Change ☐ Addition

7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME ☐ Change ☐ Addition

8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME ☐ Change ☐ Addition

9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME ☐ Change ☐ Addition

10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME ☐ Change ☐ Addition

11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

12.1 TITLE 12.2 NAME ☐ Change ☐ Addition

12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

13.1 TITLE 13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

14. I 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: *[Signature]* E REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

98 OCT 27 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0006417

CR2E037 (5/98)