## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2004 08:00 AM **DOCUMENT # 718716 Secretary of State** 1. Entity Name MANATEE COUNTY 4-H CLUB FOUNDATION, INC. Principal Place of Business Mailing Address **1303 17TH STREET** 1303 17TH STREET PALMETTO FL 34221 PALMETTO FL 34221 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0457701 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAY, JACK 1303 17TH ST WEST Street Address (P.O. Box Number is Not Acceptable) PALMETTO FL 34221 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE SANDRA, HAAS-MARTENS NAME NAME 1303 17 ST W STREET ADDRESS STREET ADDRESS U00000069439 PALMETTO FL 34221 CITY-ST-71P CITY-ST-ZIP 03/01/04-80012-006 61 Delete ☐ Change Addition TITLE GAY, JACK NAME NAME 1303-17TY ST. W. STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP STD Delete TITLE Change Addition TITLE LUCAS, EARLE JR NAME NAME 1303 17TH ST STREET ADDRESS STREET ADDRESS PALMETTO FL CITY - ST - ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition WALKER, DAVID NAME NAME 1303 17TH ST W. STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY - ST - ZIP

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 10 or Block 11 if

/DAVID L. WALKER

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED