2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 09, 2005 8:00 am **Secretary of State DOCUMENT # 718716** 1. Entity Name 02-09-2005 90051 041 ****61.25 MANATEE COUNTY 4-H CLUB FOUNDATION, INC. Principal Place of Business Mailing Address **1303 17TH STREET** 1303 17TH STREET 50012611 PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 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 SANDRA HAAS-MARTENS GAY, JACK Street Addres (P.O. Box Number is Not Acceptable) 1303 17TH ST WEST PALMETTO FL 34221 Zip Code 34251 **PALMETTO** 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. XX SANDRA, HAAS-MARTENS TITLE ☐ Delete TIT! F X Change FOUNDATION PRESIDENT (PD) NAME NAME 1303 17 ST W STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition GAY, JACK NAME NAME 1303-17TY ST. W. STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-7IP CITY-ST-7IP STD Delete FOUNDATION VICE PRESIDENT (VD) Change Addition LUCAS, EARLE JR NAME DR FRANK LANZISERA 1303 17TH ST STREET ADDRESS STREET ADDRESS 1303 17TH ST W CITY-ST-7IP PALMETTO FL CITY-ST-ZIP PALMETTO FL 3422 TITLE ☐ Delete TITLE ☐ Change ☐ 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

DAVID L WALKER

FILED

Daytime Phone #