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

APPROVED AND FILED
95 APR 18 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722497 (5)

1. Corporation Name
PINELLAS COUNTY 4 - H CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
12175 125TH STREET. NORTH LARGO FL 34644	12175 125TH STREET. NORTH LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1972**
3a. Date of Last Report: **08/09/1994**
4. FEI Number: **59-2504724** ☐ 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

GRAY , SHEILA K.
12175 125TH STREET N.
LARGO FL 34644

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
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	PD	1.1 TITLE	T ☒ Change ☐ Addition
NAME	LIPE, BETTY	1.2 NAME	
STREET ADDRESS	8929 91ST TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, JIM	2.2 NAME	Resigned
STREET ADDRESS	1005 GULF BLVD., #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	2.4 CITY-ST-ZIP	
TITLE	DA	3.1 TITLE	rector ☒ Change ☐ Addition
NAME	GRAY, SHEILA K	3.2 NAME	
STREET ADDRESS	12175 125TH STREET, NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	CASON, MILTON	4.2 NAME	Resigned
STREET ADDRESS	2007 SHEFFIELD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	P/T ☐ Change ☒ Addition
NAME		5.2 NAME	Marlene Hacker
STREET ADDRESS		5.3 STREET ADDRESS	4463 2nd Ave. N.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE		6.1 TITLE	V/T ☐ Change ☒ Addition
NAME		6.2 NAME	Richard Yerby
STREET ADDRESS		6.3 STREET ADDRESS	12398 Julia Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Seminole, FL 34642

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: Mrs. Betty Lipe (Mrs. Betty Lipe) 4-12-95 813-360-0586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047123

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PAGE 2
ADDITIONAL OFFICERS

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SIGNATURE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE Secretary — ☐ Change ☒ Addition 1.2 NAME Marge Mlynarski 1.3 STREET ADDRESS 5571 9th Ave. N. 1.4 CITY-ST-ZIP St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE Treasurer — ☐ Change XX Addition 2.2 NAME Elise Lacher 2.3 STREET ADDRESS P.O. Box 8218 2.4 CITY-ST-ZIP Madeira Beach, FL 33738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE — ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE — ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE — ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE — ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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SIGNATURE: Mrs. Betty Lejse
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR