

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 01/21/1972 3a. Date of Last Report 04/18/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2504724	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate is)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	S
NAME	LIPE, BETTY	1.2 NAME	Marge Mlynarski
STREET ADDRESS	8929 91ST TERRACE	1.3 STREET ADDRESS	5571 9th Ave. No.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	D	2.1 TITLE	T
NAME	DAVIS, JIM	2.2 NAME	Elise Lacher
STREET ADDRESS	1005 GULF BLVD., #301	2.3 STREET ADDRESS	P.O. Box 8218
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	2.4 CITY-ST-ZIP	Madeira Beach, FL 33738
TITLE	D	3.1 TITLE	
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	
NAME	CASON, MILTON	4.2 NAME	
STREET ADDRESS	2007 SHEFFIELD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	VD
NAME	YERBY, RICHARD	5.2 NAME	YERBY, RICHARD
STREET ADDRESS	12398 JULIA AVENUE	5.3 STREET ADDRESS	12398 JULIA AVENUE
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE, FL
TITLE	PT	6.1 TITLE	PD
NAME	HACKER, MARLENE	6.2 NAME	HACKER, MARLENE
STREET ADDRESS	4463 2ND AVE. NORTH	6.3 STREET ADDRESS	4463 2ND AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33713	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713

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)(k), 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: *Sheila K. Gray* Sheila K. Gray

1/29/96

(813) 582-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)