## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 722497**

PINELLAS COUNTY 4 - H CLUB FOUNDATION, INC.

Princi	pai Ma	ice or bu	siness
12175	125TH	STREET.	NORTH
LARGO	) FL 34	4644	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

12175 125TH STREET. NORTH

LARGO FL 34644

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90078 025 \*\*\*\*61.25

\* 1 7 4 7 3 8 \* 174738 - 90078 - 25

Applied For

\$8.75 Additional

Not Applicable



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

01/21/1972

59-2504724

4. FEI Number

office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  SIGNATURE  SIGNATURE  OFFICE TITLE  S  MLYNARSKI, MARGE	Current Registered Agent  17.0502 and 617.1508, Florida Statutes State of Florida. Such change was autobligations of, Section 617.0503, Florida	83  84 City  s, the above-named conthorized by the corporated Statutes.	Trust Fund Contribution Added  10. Name and Address of New Registered Agent  iress (P.O. Box Number is Not Acceptable)	May Be d to Fees  p Code its registered registered
9. Name and Address of O  MEARES, CORA H 12175 125TH STREET N. LARGO FL 33774  11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  SIGNATURE SIGNATURE SIGNATURE SIGNATURE AME MLYNARSKI, MARGE	Current Registered Agent  17.0502 and 617.1508, Florida Statutes State of Florida. Such change was autobligations of, Section 617.0503, Floriered agent and title if applicable. (NOTE: F	81 Name  82 Street Add  83   84 City  s, the above-named corthorized by the corporated Statutes.	Trust Fund Contribution Adder  10. Name and Address of New Registered Agent  iress (P.O. Box Number is Not Acceptable)  FL 85 Zipporation submits this statement for the purpose of changing	p Code
9. Name and Address of C  MEARES, CORA H 12175 125TH STREET N. LARGO FL 33774   11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICE  TITLE S  MLYNARSKI, MARGE	17.0502 and 617.1508, Florida Statute State of Florida. Such change was au obligations of, Section 617.0503, Flori ered agent and title if applicable. (NOTE: F	82 Street Add 83 84 City s, the above-named conthorized by the corporated Statutes.	iress (P.O. Box Number is Not Acceptable)  FL 85 Zipporation submits this statement for the purpose of changing	its registered
12. TITLE  NAME  12. TSTH STREET N.  LARGO FL 33774  11. Pursuant to the provisions of Sections 6: office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  SIGNATURE  SIGNATURE  S MLYNARSKI, MARGE	State of Florida. Such change was aul obligations of, Section 617.0503, Floriered agent and title if applicable. (NOTE: F	82 Street Add 83 84 City s, the above-named conthorized by the corporated Statutes.	FL 85 Zipporation submits this statement for the purpose of changing	its registered
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11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  12. OFFICE TITLE S NAME MLYNARSKI, MARGE	State of Florida. Such change was aul obligations of, Section 617.0503, Floriered agent and title if applicable. (NOTE: F	84 City s, the above-named corporate by the corporate da Statutes.	poration submits this statement for the purpose of changing	its registered
11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  SIGNATURE  SIgnature, typed or printed name of register to OFFICE TITLE  SIGNAME  MLYNARSKI, MARGE	State of Florida. Such change was aul obligations of, Section 617.0503, Floriered agent and title if applicable. (NOTE: F	s, the above-named con thorized by the corporat da Statutes.	poration submits this statement for the purpose of changing	its registered
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  SIGNATURE  SIGNATURE  OFFICE TITLE  S  MLYNARSKI, MARGE	State of Florida. Such change was aul obligations of, Section 617.0503, Floriered agent and title if applicable. (NOTE: F	thorized by the corporated a Statutes.	poration submits this statement for the purpose of changing	its registered registered
office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  SIGNATURE  SIGNATURE  OFFICE TITLE  S  MLYNARSKI, MARGE	State of Florida. Such change was aul obligations of, Section 617.0503, Floriered agent and title if applicable. (NOTE: F	thorized by the corporated a Statutes.	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment as	its registered registered
12. OFFICE TITLE S NAME MLYNARSKI, MARGE				
12. OFFICE TITLE S NAME MLYNARSKI, MARGE		Registered Agent signature require	red when reinstating) DATE	
NAME MLYNARSKI, MARGE	NO AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	FORS IN 12
	☐ DELETE	1.1 TMLE	☐ Change	e 🔲 Addition
		1.2 NAME		
STREET ADDRESS 5571 9TH AVENUE NORTI	H	1.3 STREET ADDRESS		
CITY-ST-ZIP ST. PETERSBURG FL		1.4 C/TY-ST-ZIP		
TITLE T	☐ DELETE	2.1 TITLE	☐ Change	e 🔲 Addition
NAME LACHER, EUSE		2.2 NAME		
STREET ADDRESS P.O. BOX 8218		2.3 STREET ADDRESS		
CITY-ST-ZIP MADEIRA FL		2. 4 CITY-ST-ZIP		
TITLE PD	☐ DELETE	3.1 TITLE	☐ Chang	e
NAME YERBY, RICHARD		3.2 NAME		
STREET ADDRESS 12175 125TH ST		3.3 STREET ADDRESS		•
CITY-ST-ZIP LARGO FL 33774		3.4. CITY-ST-ZIP		
TITLE VPD	☐ DELETE	4.1 TITLE	· Chang	e Addition
NAME SMITH JOSEPH		4. 2 NAME		
STREET ADDRESS 11501 EASY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP LARGO FL 33773		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Chang	e   Addition
NAME		5.2 NAME	•	
STREET ADDRESS		5.3 STREET ADDRESS	•	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Chang	e 🗌 Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP  14. I hereby certify that the information supp		6.4 CITY-ST-ZIP	•	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under dain, that I am an officer or director of the corporation of 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, with all other like empowered.

REGUIREDAND L. YERRY