

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:50

DOCUMENT # 726471 (6)
1. Corporation Name
DUVAL COUNTY 4-H FOUNDATION, INC.

Principal Place of Business Mailing Address
1010 N. MCDUFF AVE. JACKSONVILLE FL 32254 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/22/1973** 3a. Date of Last Report **03/22/1994**
4. FEI Number **59-1774990** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**KEVIN, HYDE
200 LAURA ST
JACKSONVILLE FL 32202**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOKSEY, J. BRYAN
STREET ADDRESS	P. O. BOX 2221
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	P
NAME	MILES, BOB L.
STREET ADDRESS	471 MEADOWFIELD BLUFF RD.
CITY - ST - ZIP	YULEE FL
TITLE	D
NAME	GEIGER, ELWOOD
STREET ADDRESS	5135 DUNN AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	MOORE, W S
STREET ADDRESS	4746 CATHEDRAL OAKS PL
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Aubrey Daniel
1.3 STREET ADDRESS	1222 Grandview Drive
1.4 CITY - ST - ZIP	Jacksonville, FL 32211
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miles, Rob L.
2.3 STREET ADDRESS	471 Meadowfield Bluff Rd.
2.4 CITY - ST - ZIP	Yulee, FL
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marjorie Modesky
3.3 STREET ADDRESS	325 Driftwood Road
3.4 CITY - ST - ZIP	Neptune Beach, FL 32266
4.1 TITLE	S/T/D/ <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marilyn J. Halusky
4.3 STREET ADDRESS	1358 Lakewood Drive
4.4 CITY - ST - ZIP	Jacksonville, FL 32259
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe B. Forshee, Jr.
5.3 STREET ADDRESS	11864 Duval Road
5.4 CITY - ST - ZIP	Jacksonville, FL 32218
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Harold Hall
6.3 STREET ADDRESS	5665 Normandy Boulevard
6.4 CITY - ST - ZIP	Jacksonville, FL 32205

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 110.07(3)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marilyn Halusky
Secretary/Treasurer
1/20/95 (904) 387-8858
DATE DAY/MONTH/YEAR

ALL OTHER BOARD OF DIRECTORS NOT LISTED ON DOCUMENT # 726471

D

**Mr. Thomas Braddock
1628 So. Fletcher Avenue
Fernandina Beach, FL 32034**

D

**Mr. J. Dennis Jammes
P.O. Box 16368
Jacksonville, FL 32245-6368**

D

**Mr. Michael Kenney
121 West Forsyth Street
5th Floor
Jacksonville, FL 32202**

D

**Mrs. Janica Maida
3850 Beach Blvd., Ste. #300
Jacksonville, FL 32207**

D

**Mr. Gary Roegner
6905 Hanson Drive, South
Jacksonville, FL 32210**

D

**Mr. James M. Stanton, Sr.
1243 Timber Lane
Jacksonville, FL 32211**

D

**Mr. James N. Watson
1718 Whitman Street
Jacksonville, FL 32210**

D

**Mr. Chet Whittaker
4985 Ortega Forest Drive
Jacksonville, FL 32210**