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Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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  
US1010 N. MCDUFF AVE.  
JACKSONVILLE FL 32254-2001  
US

2. Principal Place of Business

2a. Mailing Address

21 1010 N. McDuff Ave.

26 1010 N. McDuff Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Jacksonville, FL

28 Jacksonville, FL

Zip Country

Zip Country

24 32254

25

29 32254

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEVIN, HYDE  
200 LAURA ST  
JACKSONVILLE FL 32202

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME DANIEL, AURBEY  
STREET ADDRESS 1222 GRANDVIEW DRIVE  
CITY - ST - ZIP JACKSONVILLE FL1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME P/D  
1.3 STREET ADDRESS Daniel, Aurbey  
1.4 CITY - ST - ZIP 1222 Grandview Drive, Jacksonville, FLTITLE D ☐ DELETE  
NAME MILES, BOB L.  
STREET ADDRESS 471 MEADOWFIELD BLUFF RD.  
CITY - ST - ZIP YULEE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE PD ☐ DELETE  
NAME MODESKY, MAJORIE  
STREET ADDRESS 325 DRIFTWOOD ROAD  
CITY - ST - ZIP NEPTUNE BEACH FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME D  
3.3 STREET ADDRESS Modesky, Majorie  
3.4 CITY - ST - ZIP 325 Driftwood Road  
Jacksonville, FLTITLE STD ☐ DELETE  
NAME HALUSKY, MARILYN  
STREET ADDRESS 1358 LAKEWOOD DRIVE  
CITY - ST - ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME FORSHEE, JOE B JR  
STREET ADDRESS 11864 DUVAL ROAD  
CITY - ST - ZIP JACKSONVILLE FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME HALL, HAROLD  
STREET ADDRESS 565 NORMANDY BLVD.,  
CITY - ST - ZIP JACKSONVILLE FL6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME V/D  
6.3 STREET ADDRESS Hall, Harold  
6.4 CITY - ST - ZIP 873 Fruit Cove Road  
Jacksonville, FL 32259

14. I do 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 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:

Marilyn Halusky  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn Halusky

Secretary/Treasurer 1/24/97 (904)387-8858

CR2E037 (9/96)