

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90009 016 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 726471**

1. Corporation Name  
**DUVAL COUNTY 4-H FOUNDATION, INC.**

Principal Place of Business  
 1010 NO MCDUFF AVE.  
 JACKSONVILLE FL 32254  
 US

Mailing Address  
 1010 NO MCDUFF AVE.  
 JACKSONVILLE FL 32254  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/22/1973	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1774990	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HALUSKY, MARILYN J 1358 LAKEWOOD DR JACKSONVILLE FL 32259				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, AURBEY		1.2 NAME	See enclosed sheet for full listing of officers and directors	
STREET ADDRESS	1222 GRANDVIEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILES, BOB L.		2.2 NAME		
STREET ADDRESS	471 MEADOWFIELD BLUFF RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		2.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MODESKY, MAJORIE		3.2 NAME		
STREET ADDRESS	325 DRIFTWOOD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALUSKY, MARILYN		4.2 NAME		
STREET ADDRESS	1358 LAKEWOOD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSHEE, JOE B JR		5.2 NAME		
STREET ADDRESS	11864 DUVAL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, HAROLD		6.2 NAME		
STREET ADDRESS	573 FRUIT COVE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

14. I 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 for on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 7/22/99 1904387-8858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010476  
CR2E037 (5/99)

600243-90009-16  
726471

Duval County 4-H Foundation, Inc.  
Board of Directors  
Revised 3/10/99

Dennis Jammes- President  
4437 Emerson  
Jacksonville, FL 32207

Michael Kenney- Vice President  
50 N. Laura Street, Suite 3700  
Jacksonville, FL 32245-6368

Lee Holifield- Secretary  
4157 Timaquana Road  
Jacksonville, FL 32210

J. Bryan Cooksey, Jr.- Treasurer  
1908 Mandarin Road  
Jacksonville, FL 32203-2221

Tom Braddock  
1628 S. Fletcher Avenue  
Fernandina Beach, FL 32034-4533

Aubrey Daniel  
1222 Grandview Drive  
Jacksonville, FL 32211-6031

Gary Roegner  
6905 Hanson Drive South  
Jacksonville, FL 32210

W.S. Moore, Sr.  
10113 Whippoorwill Lane #413  
Jacksonville, FL 32256

Elwood Geiger  
5135 Dunn Avenue  
Jacksonville, FL 32218

Joe Forshee  
11864 Duval Road  
Jacksonville, FL 32218