


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90029 048 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 726471</b>                                   |  |
| 1. Entity Name<br><b>DUVAL COUNTY 4-H FOUNDATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1010 NO MCDUFF AVE.<br/>JACKSONVILLE FL 32254<br/>US</b> | Mailing Address<br><b>1010 NO MCDUFF AVE.<br/>JACKSONVILLE FL 32254<br/>US</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E037 (11/03)

|   |  |   |  |
|---|--|---|--|
| 4. FEI Number<br><b>59-1774990</b>                        |  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required   |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>TOULOUSE, JUDITH<br/>1010 MCDUFF<br/>JACKSONVILLE FL 32254</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P. O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|--|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |                                    |  |
|--|---|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>HOLIFIELD, LEE</b><br><b>4157 TIMQUANA RD</b><br><b>JACKSONVILLE FL 32210</b><br><input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JAMMES, DENNIS</b><br><b>4437 EMERSON</b><br><b>JACKSONVILLE FL 32207</b><br><input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>HOLIFIELD, LEE</b><br><b>4157 TIMAQUANA RD</b><br><b>JACKSONVILLE FL 32210</b><br><input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP</b><br><b>LESLIE ALLEN</b><br><b>4642 BIRCHWOOD AVE</b><br><b>JACKSONVILLE FL 32207-6400</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT</b><br><b>DANIEL, AUBREY</b><br><b>1222 GRANDVIEW DR</b><br><b>JACKSONVILLE FL 32211-6031</b><br><input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROEGNER, GARY</b><br><b>6905 HANSON DR S</b><br><b>JACKSONVILLE FL 32210</b><br><input checked="" type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DS</b><br><b>HAROLD JONES</b><br><b>1010 Mcduff Ave N</b><br><b>Jacksonville, FL 32254-2031</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MOORE, W.S SR</b><br><b>10113 WHIPPOORWHILL LANE #413</b><br><b>JACKSONVILLE FL 32256</b><br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>REV F RAY TURNER</b><br><b>11337 DUVAL RD</b><br><b>JACKSONVILLE FL 32218-3344</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Harold C. Jones* **1/26/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #