

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90042 026 ****61.25

DOCUMENT # 726471

1. Entity 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**

60013369



DO NOT WRITE IN THIS SPACE

01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1774990

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOULOUSE, JUDITH
1010 MCDUFF
JACKSONVILLE, FL 32254**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLIFIELD, LEE
STREET ADDRESS	4157 TIMQUANA RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	JAMMES, DENNIS
STREET ADDRESS	4437 EMERSON
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	P
NAME	ALLEN, LESLIE
STREET ADDRESS	4642 BIRCHWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DT
NAME	DANIEL, AUBREY
STREET ADDRESS	1222 GRANDVIEW DR
CITY-ST-ZIP	JACKSONVILLE, FL 322116031
TITLE	DS
NAME	JONES, HAROLD
STREET ADDRESS	1010 MCDUFF AVE N
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	V
NAME	TURNER, F R REV
STREET ADDRESS	11337 DUVAL RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32218

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leslie Allen Leslie Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 904-755-6013
Date Daytime Phone #