


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90048 010 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1774990	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOULOUSE, JUDITH 1010 MCDUFF JACKSONVILLE, FL 32254				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <u>Judith Toulouse</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				1-03-07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/> Delete NAME HOLIFIELD, LEE STREET ADDRESS 4157 TIMQUANA RD CITY-ST-ZIP JACKSONVILLE, FL 32210				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DS STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME D STREET ADDRESS JAMMES, DENNIS CITY-ST-ZIP 4437 EMERSON JACKSONVILLE, FL 32207				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Delete NAME X STREET ADDRESS ALLEN, LESLIE CITY-ST-ZIP 4642 BIRCHWOOD AVE JACKSONVILLE, FL 32207				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME D STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME DT STREET ADDRESS DANIEL, AUBREY CITY-ST-ZIP 1222 GRANDVIEW DR JACKSONVILLE, FL 322116031				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Delete NAME DX STREET ADDRESS JONES, HAROLD CITY-ST-ZIP 1010 MCDUFF AVE N JACKSONVILLE, FL 32254				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Delete NAME X STREET ADDRESS TURNER, F R REV CITY-ST-ZIP 11337 DUVAL RD. JACKSONVILLE, FL 32218				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME P STREET ADDRESS CITY-ST-ZIP	
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: <u>F. Ray Turner, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>January 4, 2007</u> Daytime Phone # <u>904-387-8858</u>					

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