

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726471

FILED
Jan 04, 2008
Secretary of State

Entity Name: DUVAL COUNTY 4-H FOUNDATION, INC.

Current Principal Place of Business:

1010 NO MCDUFF AVE.
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

1010 NO MCDUFF AVE.
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-1774990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOULOUSE, JUDITH
1010 MCDUFF
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: HOLIFIELD, LEE
Address: 4157 TIMQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: JAMMES, DENNIS
Address: 4437 EMERSON
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: ALLEN, LESLIE
Address: 4642 BIRCHWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT () Delete
Name: DANIEL, AUBREY
Address: 1222 GRANDVIEW DR
City-St-Zip: JACKSONVILLE, FL 322116031

Title: D () Delete
Name: JONES, HAROLD
Address: 1010 MCDUFF AVE N
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: TURNER, F R REV
Address: 11337 DUVAL RD.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D P (X) Change () Addition
Name: TURNER, F R REV
Address: 11337 DUVAL RD.
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. F. RAY TURNER

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date