

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90404 028 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☒ Delete
NAME **KENNEY, MICHAEL**
STREET ADDRESS **50 N LAURA ST STE 3700**
CITY-ST-ZIP **JACKSONVILLE FL 32245-6368**

TITLE **P** ☐ Change ☐ Addition
NAME **Holifield, Lee**
STREET ADDRESS **4157 Timquana Rd**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D** ☐ Delete
NAME **JAMMES, DENNIS**
STREET ADDRESS **4437 EMERSON**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VP** ☐ Change ☐ Addition
NAME **Allen, Leslie**
STREET ADDRESS **4641 Birchwood Ave.**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **P** ☐ Delete
NAME **HOLIFIELD, LEE**
STREET ADDRESS **4157 TIMQUANA RD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **S** ☐ Change ☐ Addition
NAME **Harold Jones**
STREET ADDRESS **1010 N. McDuff Ave**
CITY-ST-ZIP **Jacksonville, FL 32254**

TITLE **DT** ☐ Delete
NAME **DANIEL, AUBREY**
STREET ADDRESS **1222 GRANDVIEW DR**
CITY-ST-ZIP **JACKSONVILLE FL 32211-6031**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROEGNER, GARY**
STREET ADDRESS **6905 HANSON DR S**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MOORE, W.S SR**
STREET ADDRESS **10113 WHIPPOORWHILL LANE #413**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Holifield
1/8/02 2654415

CR2E037 (10/02)

attachment 30005123
726471

4-H Foundation Board of Directors

January 7, 2003

Officers

President – Lee Holifield	4157 Timuquana Rd. Jacksonville, FL 32210-8533 H: 384-3043, W – 265-4415 Email: lholfield@erac.com
Vice-president – Leslie Allen	4641 Birchwood Ave. Jacksonville, FL 32207-64— H: 737-5632, W: 737-5632 FAX: 798-4898 Email: LALLENFSU@AOL.COM
Secretary – Harold Jones	1010 N. McDuff Ave. Jacksonville, FL 32254-2031 H: 743-8271, W: 387-8850, FAX: 387-8902 Email: Hjones@coj.net
Treasurer – Aubrey Daniel	1222 Grandview Drive Jacksonville, FL 32211-6031 H: 721-0160 Email: Amddaniel@mindspring.com
Directors	
Tom Braddock	1628 S. Fletcher Ave. Fernandina, FL 32034-4533 H: 904-261-4632, FAX: 904-261-3299 Email: tomhbrad@aol.com
Joy Clarke	7047 Seneca Ave. Jacksonville, FL 32210-1149 H: 786-6132 Email: jjjclarke@aol.com
Bryan Cooksey	11908 Mandarin Rd. Jacksonville, FL 32223-1364 H: 268-9421, Car: 502-4808, FAX: 389-3212 Email: JWCJBC@bellsouth.net

attached 30005/23
726471

Anna VanBuskirk – County Council President	146 Peregrine Ct Jacksonville, FL 32225-3153 H: 904-221-6551
Joe Forshee	11864 Duval Rd. Jacksonville, FL 32218-3334 H: 765-1795, W: 731-8806, FAX: Email:
Elwood Geiger	5135 Dunn Ave. Jacksonville, FL 32218-7352 H: 765-2630, Email:
Marilyn Halusky	1358 Lakewood Drive Jacksonville, FL 32259-3108 H: 287-5193 Email: JGHMJH@aol.com
Dennis Jammes	P.O. Box 16368 Jacksonville, FL 32245-6368 H: 733-6358 W: 399-5307, FAX: 399-5414 Email: Jammes3@yahoo.com
Michael Kenney	50 N. Laura Street, Suite 3700 Jacksonville, FL 32202-3680 W: 634-6000, FAX: 798-6491 Email: Mkenney@Pclient.ML.com
Bob Miles	P.O. Box 1799 Yulee, FL 32041-1799 H: 255-0017, W: 7a57-9740, FAX: 757-1058 Email: Boblmiles@aol.com
Marge Modesky	325 Driftwood Road Neptune Beach, FL 32266-3751 H: 246-4112 Email: Modesky@aol.com
Bill Moore, Sr.	4058 Mizner Circle S. Jacksonville, FL 32217-4338 H: 636-8686 Email:

Attachment 30005/23
726471

Kenneth Peele Jr.	P.O. Box 2393 Jacksonville, FL 32203-2393 H: 354-0545 Email: FKPJR@aol.com
Sylvester Robinson	111 Busch Drive Jacksonville, FL 32218- 5595
Gary Roegner	6905 Hanson Dr. S> Jacksonville, FL 32210-1216 H: 786-0273, W: 353-0535, FAX Email: groegner@bellsouth.net
Rev. Ray Turner	11337 Duval Road Jacksonville, FL 32218-3344 H: 768-1185, W: 768-2596 Fax: 766-8302 Cell: 707-7877 Email: raykay@attbi.com
Anita McKinney – Ex-Officio 4-H Program Leader	1010 N. McDuff Ave. Jacksonville, FL 32254-2031 H: 278-1865, W: 387-8858, FAX: 387-8902 Email: McKinney@coj.net
Judie Toulouse – Resource Development Coordinator	1010 N. McDuff Ave. Jacksonville, FL 32254-2031 H: 771-2509, W: 387-8858 Cell: 514-2509 FAX: 387-8902 Email: Judiet@coj.net