


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90006 009 ****61.25

DOCUMENT # 730901

1. Entity Name
SARASOTA COUNTY 4-H FOUNDATION, INC.



Principal Place of Business
**6700 CLARK RD
 SARASOTA, FL 34241 US**

Mailing Address
**PO BOX 48408
 SARASOTA, FL 34230 US**

40127342



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07182007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1593740

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**SCHOOK, CHRISTINA, L
 38400 CLAY SULLY RD
 MYAKKA CITY, FL 34251**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
38400 Clay Gulley Rd
 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

**Filing Fee Is \$61.25
 Due by September 14, 2007**

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

T NAME SCHOOL, CHRISTINA STREET ADDRESS 38400 CLAY SULLY RD CITY-ST-ZIP MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete
VP NAME FARRELL, ELVA STREET ADDRESS 118 HOLLY AVENUE CITY-ST-ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete
P NAME BROWN, AARON STREET ADDRESS 4542 N. LAKE DR CITY-ST-ZIP SARASOTA, FL 34232	<input type="checkbox"/> Delete
S NAME SELLERS, KAREN STREET ADDRESS 6235 RAVENWOOD DR CITY-ST-ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP 38400 Clay Gulley Rd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 3 June Haley 38400 Clay Gulley Rd Myakka City, Fl 34251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Handwritten Signature]* **24 July 07** 941-915-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #