


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 730901
 1. Entity Name
 SARASOTA COUNTY 4-H FOUNDATION, INC.



Principal Place of Business Mailing Address
 6700 CLARK RD PO BOX 48408
 SARASOTA, FL 34241 US SARASOTA, FL 34230 US

DO NOT WRITE IN THIS SPACE



03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-1593740 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHOOK, CHRISTINA L
 38400 CLAY GULLEY RD
 MYAKKA CITY, FL 34251

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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: *Christina L. Schook* *Christina L. Schook* *29 March 08*
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, 2008

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

U00000879784
 04/15/08-80034-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SCHOOK, CHRISTINA
STREET ADDRESS	38400 CLAY GULLEY RD
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	VP
NAME	FARRELL, ELVA
STREET ADDRESS	118 HOLLY AVENUE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	P
NAME	BROWN, AARON
STREET ADDRESS	4542 N. LAKE DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	S
NAME	HALEY, JUNE
STREET ADDRESS	38400 CLAY GULLEY RD
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Christina L. Schook* *Christina L. Schook* *29 March 08* *941-915-2366*
Signature and typed or printed name of signing officer or director Date Daytime Phone #