2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730901

FILED Mar 25, 2009 Secretary of State

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

Current Principal Place of Business:	New Principal Place of Business:

6700 CLARK RD

SARASOTA, FL 34241 US

Current Mailing Address: New Mailing Address:

PO BOX 48408

SARASOTA, FL 34230 US

FEI Number: 59-1593740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHOOK, CHRISTINA L 38400 CLAY GULLEY RD MYAKKA CITY, FL 34251

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:

Clarity via Cinnethus of Devictor of Annut

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: () Change () Addition Name: SCHOOK, CHRISTINA Name:

Address: 38400 CLAY GULLEY RD Address: City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip:

Title: VP () Delete Title: P (X) Change () Addition Name: FARRELL, ELVA Name: FARRELL, ELVA

Address: 118 HOLLY AVENUE Address: 118 HOLLY AVENUE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243

Title: P () Delete Title: VP (X) Change () Addition

Name: BROWN, AARON Name: HALEY, JUNE
Address: 4542 N. LAKE DR Address: 38400 CLAY GULLEY ROAD

Address: 4542 N. LAKE DR Address: 38400 CLAY GULLEY ROAD City-St-Zip: SARASOTA, FL 34232 City-St-Zip: MYAKKA CITY, FL 34251

Title: S () Delete Title: S (X) Change () Addition

 Name:
 HALEY, JUNE
 Name:
 CHAPMAN, ANNETTE

 Address:
 38400 CLAY GULLEY RD
 Address:
 38400 CLAY GULLEY RD

 City-St-Zip:
 MYAKKA CITY, FL 34251
 City-St-Zip:
 MYAKKA CITY, FL 34251

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: CHRISTINA L. SCHOOK RA 03/25/2009