

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731412

FILED
Jul 07, 2008
Secretary of State

Entity Name: HIGHLANDS COUNTY 4-H CLUB FOUNDATION, INC.

Current Principal Place of Business:

4509 W GEORGE BLVD
SEBRING, FL 338725837

New Principal Place of Business:

Current Mailing Address:

4509 W GEORGE BLVD
SEBRING, FL 338725837

New Mailing Address:

FEI Number: 65-0630176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHERMAN, LISA
111 EAST PARK AVENUE
LAKE PLACID, FL 338526362 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: SD () Delete
Name: CREWS, CHRISTY
Address: PO BOX 1117
City-St-Zip: AVON PARK, FL 33826

Title: TD () Delete
Name: SHERMAN, LISA
Address: 111 EAST PARK AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: PD () Delete
Name: CANNADY, TANYA
Address: 12250 PAYNE ROAD
City-St-Zip: SEBRING, FL 33875

Title: VP () Delete
Name: METCALFE, KATHRYN
Address: P.O. BOX 1572
City-St-Zip: AVON PARK, FL 33826

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:

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: LISA SHERMAN

Electronic Signature of Signing Officer or Director

TREA

07/07/2008

Date