


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90197 049 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 733254 | | | | | |
| 1. Corporation Name BREVARD COUNTY 4-H YOUTH FOUNDATION, INC. | | | | | |
| Principal Place of Business 3695 LAKE DRIVE COCOA FL 32926 | | | Mailing Address 3695 LAKE DRIVE COCOA FL 32926 | | |



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|--------------------------------|--|-------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/09/1975 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 59-1691196 | |
| 22. City & State | | 27. City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| 23. Zip | | 28. Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. Country | | 29. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SCHRADER, DAN E 3695 LAKE DR COCOA FL 32926 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. City | | | |
| | | | | 84. City | | | |
| | | | | 85. Zip Code | | | |
| | | | | FL | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE DAN E. SCHRADER, AGENT *Dan E. Schrader* DATE 5-10-99

(NOTE: Registered Agent signature required when reinstating)

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|---|--|--|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| PD ALLENDER, JERRY 545 ORA DELL AVE. TITUSVILLE FL 32796 | | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| VPD ANDERSON, ROBERT 1292 ST. ANDREWS DRIVE ROCKLEDGE FL | | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | |
| TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| D LOADHOLTZ, J. LOWELL 111 BRIARWOOD LANE COCOA FL | | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | | |
| TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| S KEMPFER, BECKY 8053 HIGHWAY 192 MELBOURNE FL | | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| T SEACREST, WALTER 535 DELANNOY AVE. COCOA FL 32922 | | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| T SEACREST, WALTER 535 DELANNOY AVE. COCOA FL 32922 | | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank J. [Signature]* DATE 5/11/99 DAYTIME PHONE # 407/632-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)