

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 733254**

1. Entity 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



06302004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1691196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, JAMES H  
3695 LAKE DR  
COCOA, FL 32926

**DO NOT WRITE  
IN THIS SPACE**

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 print a name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	GLOVER, JOE
STREET ADDRESS	PO BOX 790
CITY- ST- ZIP	MELBOURNE, FL 32902
TITLE	D
NAME	ANDERSON, ROBERT
STREET ADDRESS	1292 ST. ANDREWS DRIVE
CITY- ST- ZIP	ROCKLEDGE, FL
TITLE	PD
NAME	SULLIVAN, FRANK
STREET ADDRESS	1705 INDIAN RIVER DR
CITY- ST- ZIP	COCOA, FL
TITLE	TD
NAME	BECKETT, RALPH
STREET ADDRESS	5765 LAKE POINSETTA ROAD
CITY- ST- ZIP	COCOA, FL 32926
TITLE	SD
NAME	BARTOSEK, TOM
STREET ADDRESS	17 VERMONT AVE
CITY- ST- ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000164568  
07/08/04-80014-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph P. Beckett

7/1/2004

633-1702

Daytime Phone #