


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 733254</b>		
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
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01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1691196	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FLETCHER, JAMES H 3695 LAKE DR COCOA, FL 32926
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**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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

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

UN0000389975  
01/23/06-80006-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 Paul E. Sullivan President 01/11/06 321/633-1702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #