2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# 733254

Entity Name: BREVARD COUNTY 4-H YOUTH FOUNDATION, INC.

Current Principal Place of Business:

3695 LAKE DRIVE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

3695 LAKE DRIVE
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-1691196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLETCHER, JAMES H
3695 LAKE DR
COCOA, FL 32926 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: VPD ( ) Delete
Name: GLOVER, JOE
Address: PO BOX 790
City-St-Zip: MELBOURNE, FL 32902

Title: D ( ) Delete
Name: ANDERSON, ROBERT,
Address: 1292 ST. ANDREWS DRIVE
City-St-Zip: ROCKLEDGE, FL

Title: PD ( ) Delete
Name: SULLIVAN, FRANK
Address: 1705 INDIAN RIVER DR
City-St-Zip: COCOA, FL

Title: TD ( ) Delete
Name: BECKETT, RALPH
Address: 5765 LAKE POINSETTA ROAD
City-St-Zip: COCOA, FL 32926

Title: SD ( ) Delete
Name: BARTOSEK, TOM
Address: 17 VERMONT AVE
City-St-Zip: ROCKLEDGE, FL 32955

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK SULLIVAN PD 01/09/2007

Electronic Signature of Signing Officer or Director — Date