2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733254

FILED Jan 16, 2009 Secretary of State

Entity Name: BREVARD COUNTY 4-H YOUTH FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3695 LAKE DRIVE COCOA, FL 32926 **Current Mailing Address: New Mailing Address:** 3695 LAKE DRIVE COCOA, FL 32926 FEI Number: 59-1691196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLETCHER, JAMES H 3695 LAKE DR COCOA, FL 32926 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete (X) Change () Addition GLOVER, JOE BARTOSEK, TOM Name: Name: PO BOX 790 Address: 17 VERMONT AVE Address: City-St-Zip: MELBOURNE, FL 32902 City-St-Zip: ROCKLEDGE, FL 32955 Title: Title: () Delete () Change () Addition ANDERSON, ROBERT, Name: Name: Address: 1292 ST. ANDREWS DRIVE Address: City-St-Zip: ROCKLEDGE, FL City-St-Zip: Title: () Delete Title: () Change () Addition SULLIVAN, FRANK Name: Name: 1705 INDIAN RIVER DR Address: Address: City-St-Zip: COCOA, FL City-St-Zip: Title: TD () Delete Title: () Change () Addition BECKETT, RALPH Name: Name: 5765 LAKE POINSETTA ROAD Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition BARTOSEK, TOM Name: Name: CLAY, RICK 17 VERMONT AVE 725 SILVER PALM AVE Address: Address: ROCKLEDGE, FL 32955 City-St-Zip: City-St-Zip: MELBOURNE, FL 32901

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: FRANK SULLIVAN PD 01/16/2009