

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 738530

1. Entity Name
ST. LUCIE COUNTY 4-H FOUNDATION, INC.



Principal Place of Business
8400 PICOS ROAD
SUITE 101
FT. PIERCE, FL 34945

Mailing Address
8400 PICOS ROAD
SUITE 101
FT. PIERCE, FL 34945



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2165799

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUNYAN, SUSAN
8400 PICOS ROAD
SUITE 101
FT. PIERCE, FL 34945

**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

Susan Munyan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000195634
01/26/05-80036-007-70.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME BRYANT, GRACIE
STREET ADDRESS 302 S BROCKSMITH ROAD
CITY-ST-ZIP FT PIERCE, FL 34945

TITLE V
NAME LLANAS, ANDY
STREET ADDRESS 1606 FLORIDA AVENUE
CITY-ST-ZIP FT PIERCE, FL 34950

TITLE C
NAME ANDREWS, JODI
STREET ADDRESS 3503 OKEECHOBEE ROAD
CITY-ST-ZIP FT PIERCE, FL 34947

TITLE C
NAME BEANY, AUDREY
STREET ADDRESS 2199 S ROCK ROAD
CITY-ST-ZIP FT PIERCE, FL 34945

TITLE D
NAME JENKINS, MARIE
STREET ADDRESS 120 N BROCKSMITH ROAD
CITY-ST-ZIP FT PIERCE, FL 34945

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Gracie Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 JAN 2005 772-462-1660
Date Daytime Phone #