

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90126 028 \*\*\*\*70.00

**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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2165799

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MILLER, S. ANNETTE  
2015 31ST AVENUE  
VERO BEACH, FL 32960 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
YOUNG, HEATHER  
2300 VIRGINIA AVENUE  
FT PIERCE, FL 34982 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DeIULIO, DAN  
528 S US HIGHWAY 1  
FT PIERCE, FL 34950 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACIE BRYANT

Date

Daytime Phone (772) 461-4129

ATTACHMENT 40125273  
# 738530



St. Lucie County  
8400 Picos Road, Suite 101  
Fort Pierce, FL 34945-3045  
(772) 462-1660  
Fax: (772) 462-1510

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A handwritten signature in cursive script that reads "Susan Munyan".

Susan Munyan  
Extension Agent 4-H/Agriculture

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