

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738530

FILED
Jan 26, 2009
Secretary of State

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

Current Principal Place of Business:

8400 PICOS ROAD
SUITE 101
FT. PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

8400 PICOS ROAD
SUITE 101
FT. PIERCE, FL 34945

New Mailing Address:

FEI Number: 59-2165799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNYAN, SUSAN
8400 PICOS ROAD
SUITE 101
FT. PIERCE, FL 34945 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: P () Delete
Name: BRYANT, GRACIE
Address: 302 S BROCKSMITH ROAD
City-St-Zip: FT PIERCE, FL 34945

Title: V () Delete
Name: LLANAS, ANDY
Address: 1606 FLORIDA AVENUE
City-St-Zip: FT PIERCE, FL 34950

Title: S () Delete
Name: MILLER, ANNETTE
Address: 2015 31ST AVE
City-St-Zip: VERO BEACH, FL 32960

Title: T () Delete
Name: YOUNG, HEATHER
Address: 2300 VIRGINIA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: DEIULIO, DAN
Address: 528 S. US HIGHWAY 1
City-St-Zip: FORT PIERCE, FL 34950

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 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: ANDY LLANAS

VP

01/26/2009

Electronic Signature of Signing Officer or Director

Date