FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:01

DOCUMENT # 742823 (8)

1. Corporation Name
COLLIER COUNTY, 4-H CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
14700 IMMOKALEE RD ~~PO BOX 404~~ NAPLES FL 33999 US	~~14700 IMMOKALEE RD~~ PO BOX 404 NAPLES FL 33999 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1978
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1882892 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) (22) (23) (24) (25)
2a. Mailing Address (26) (27) (28) (29) (30)
Suite, Apt. #, etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent

DENNING, LINDA V.
14700 IMMOKALEE ROAD
NAPLES FL 33964

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CALDWELL, WILLIAM	1.2 NAME		
STREET ADDRESS	1248 MORNINGSIDE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	SAM COLDING	2.2 NAME		
STREET ADDRESS	659 10TH ST., N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	~~D~~	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	RINER, RANDY	3.2 NAME		
STREET ADDRESS	2101 COUNTY BARN RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	PISTOR, JOHN	4.2 NAME		
STREET ADDRESS	221 POLYNESIA COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP		
TITLE	~~D~~	5.1 TITLE	M	☒ Change ☐ Addition
NAME	DENNING, LINDA	5.2 NAME		
STREET ADDRESS	14700 IMMOKALEE ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP		
TITLE	~~T~~	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	ASHLEY, N. REX	6.2 NAME		
STREET ADDRESS	1044 CASTELLO DRIVE #106	6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: N Rex Ashley Treas 3/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

000035