

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34120 <i>34120 ok</i>		PO BOX 404 NAPLES FL 34106 US	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Country	29. Zip	30. Country
<i>34120</i>		<i>34106</i>	

3. Date Incorporated or Qualified	05/09/1978
4. FEI Number	59-1882892
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DENNING, LINDA V.
14700 IMMOKALEE ROAD
NAPLES FL 34120

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 617.0502 and 617.1508, 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 617.0503, 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	D CALDWELL, WILLIAM	1.1 TITLE	
NAME	1248 MORNINGSIDE DRIVE	1.2 NAME	
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD SAM COLDING	2.1 TITLE	
NAME	659 10TH ST., N.	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD RINER, RANDY	3.1 TITLE	
NAME	2101 COUNTY BARN RD	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD PISTOR, JOHN	4.1 TITLE	
NAME	221 POLYNESIA COURT	4.2 NAME	
STREET ADDRESS	MARCO ISLAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	M DENNING, LINDA	5.1 TITLE	
NAME	14700 IMMOKALEE ROAD	5.2 NAME	
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD ASHLEY, N. REX	6.1 TITLE	
NAME	1044 CASTELLO DRIVE #106	6.2 NAME	
STREET ADDRESS	NAPLES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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* 2/18/98 9412617200

CP2E037 (10/97)