

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90076 032 \*\*\*\*61.25

385707 - 90076 - 32

**DOCUMENT # 744853**

1. Corporation Name

**BRADFORD COUNTY 4-H FOUNDATION, INC.**

Principal Place of Business

2266 N. TEMPLE AVE.  
STARKE FL 32091

Mailing Address

2266 N. TEMPLE AVE.  
STARKE FL 32091



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/07/1978

4. FEI Number

59-3127992

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

9. Name and Address of Current Registered Agent

DINKINS, DAVID  
2266 TEMPLE AVE  
STARKE FL 32091

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROSIER, ROXANNE  
STREET ADDRESS 6608 NW CR 125  
CITY-ST-ZIP LAWTEY FL 32058

☐ DELETE

TITLE VD  
NAME WHITTLE, PAM  
STREET ADDRESS RT 2 BOX 1763  
CITY-ST-ZIP STARKE FL 32091

☐ DELETE

TITLE D  
NAME MOSLEY, BARBARA  
STREET ADDRESS RT. 1 BOX 553  
CITY-ST-ZIP LAKE BUTLER FL

☐ DELETE

TITLE SD  
NAME HIPPS, MARY  
STREET ADDRESS RT 1 BOX 887  
CITY-ST-ZIP STARKE FL 32091

☐ DELETE

TITLE TD  
NAME TOMLINSON, MARY SUE  
STREET ADDRESS P.O. BOX 105 N/A  
CITY-ST-ZIP STARKE FL 32091

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Barbara Mosley  
20767 NW CR 235  
Lake Butler, FL 32054

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 1999

Date

Daytime Phone #

CR2E037 (11/98)