

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90028 011 ****61.25

DOCUMENT # 744853

1. Entity 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**

24012640



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DINKINS, DAVID
2266 TEMPLE AVE
STARKE, FL 32091**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, NANCY ROUTE 4, BOX 1332 STARKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAWFORD, DENISE ROUTE 7, BOX 487 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, BARBARA 20767 NW CR 235 LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDON, ALICE 7114 SE 7TH AVENUE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Clemons, Kathy 7455 NW CR 229A Starke, FL 32091

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: *KATHY CLEMONS* *Kathy Clemons* 2/17/04 (904) 966-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #