

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne H. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 11 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745043** (0)
1. Corporation Name
PASCO COUNTY 4-H YOUTH FOUNDATION, INC.

Principal Place of Business Mailing Address
36702 STATE RD. 52 36702 STATE RD. 52
DADE CITY FL 33525-5138 DADE CITY FL 33525-5138
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2329747	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
DEMAREE, MICHAEL E
36702 STATE RD. 52
DADE CITY FL 33525

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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. (SEE Registered Agent Section required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	NAME STEIERT, SHERRY	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 225 E MICHIGAN AVE	CITY, ST, ZIP SAN ANTONIO, FL 00000	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE PD	NAME JONES, JANICE K.	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
STREET ADDRESS 9400 LAKE DR.	CITY, ST, ZIP NEW PORT RICHEY FL	2.2 NAME	Bill East
		2.3 STREET ADDRESS	7656 Tallowtree Dr.
		2.4 CITY, ST, ZIP	Wesley Chapel, FL 33544
TITLE SD	NAME THOMASON, MARY LEE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 28426 DARBY RD.	CITY, ST, ZIP DADE CITY, FL 00000	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE RD	NAME DEMAREE, MICHAEL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 36702 STATE RD. 52	CITY, ST, ZIP DADE CITY FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		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(4)(b), 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: *Michael E. Demaree* 4/28/95 (904) 521-4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR