

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745043 (0)**  
 1. Corporation Name  
**PASCO COUNTY 4-H YOUTH FOUNDATION, INC.**



Principal Place of Business <b>36702 STATE RD. 52                  DADE CITY FL 33525-5138                  US</b>	Mailing Address <b>36702 STATE RD. 52                  DADE CITY FL 33525-5138                  US</b>
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3. Date Incorporated or Qualified <b>11/27/1978</b>
4. FEI Number <b>59-2329747</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>23</b> City & State <b>24</b> Zip <b>25</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent  
**PECHINEY-BUDZ, MARY B  
 36702 STATE ROAD 52  
 DADE CITY FL 33525**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **85** Zip Code **FL**

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: *Mary B Pechiney-Budz* DATE: *4/9/98*

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>STEIERT, SHERRY</b>	
STREET ADDRESS	<b>225 E MICHIGAN AVE</b>	
CITY - ST - ZIP	<b>SAN ANTONIO, FL 00000</b>	
TITLE	<b>MD</b>	<input type="checkbox"/>
NAME	<b>PECHINEY-BUDZ, MARY B</b>	
STREET ADDRESS	<b>36702 STATE RD 52</b>	
CITY - ST - ZIP	<b>DADE CITY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>THOMASON, MARY LEE</b>	
STREET ADDRESS	<b>28426 DARBY RD.</b>	
CITY - ST - ZIP	<b>DADE CITY, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>CRISP, MARY E. (BETSY)</b>	
STREET ADDRESS	<b>36702 STATE ROAD 52</b>	
CITY - ST - ZIP	<b>DADE CITY FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<b>Sec./Treas./Director</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *Mary B Pechiney-Budz* DATE: *4/10/98*

CR2E037 (10/97)