


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

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 745043	
1. Entity Name PASCO COUNTY 4-H YOUTH FOUNDATION, INC.	

Principal Place of Business 36702 STATE RD. 52 DADE CITY, FL 33525-5138 US	Mailing Address 36702 STATE RD. 52 DADE CITY, FL 33525-5138 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2329747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JEAN, HINK
36702 STATE ROAD 52
DADE CITY, FL 33525-5138

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D STEIERT, SHERRY 225 E MICHIGAN AVE SAN ANTONIO, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARY LEE, CAPPARELLI 28426 DARBY RD. DADE CITY, FL 335257720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, VIVIENNE E 36702 STATE ROAD 52 DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD JEAN, HINK 36702 STATE RD 52 DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/16/04-80045-017 61.25

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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: Mary Lee Capparelli *Mary Lee Capparelli* **2/12/04** **352-521-4288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #