


04-25-2005 90295 003 \*\*\*\*\*61.25  
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## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 10 PM 12:46

SECRET  
TALLAHASSEE, FL 30043148

<b>DOCUMENT # 745043</b> 1. Entity Name <b>PASCO COUNTY 4-H YOUTH FOUNDATION, INC.</b>					
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>			
2. Principal Place of Business Suites, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01032005 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number <b>59-2329747</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>JEAN, HINK 36702 STATE ROAD 52 DADE CITY, FL 33525-5138</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>STEIERT, SHERRY 225 E MICHIGAN AVE SAN ANTONIO, FL 00000,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>MARY LEE, CAPPARELLI 28426 DARBY RD. DADE CITY, FL 335257720</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>HARRIS, VIVIANNE E 36702 STATE ROAD 52 DADE CITY, FL 33525</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Mary E. Crisp 36702 State Road 52 Dade City, FL 33525</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD <b>JEAN, HINK 36702 STATE RD 52 DADE CITY, FL 33525</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Mary Lee Capparelli</i></b>			<b>Mary Lee Capparelli</b>		<b>4/20/05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small> <b>352-521-4288</b>