


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90038 037 ****61.25

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40010343



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2329747

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STEIERT, SHERRY	
STREET ADDRESS	225 E MICHIGAN AVE	
CITY-ST-ZIP	SAN ANTONIO, FL 00000,	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARY LEE, CAPPARELLI	
STREET ADDRESS	28426 DARBY RD.	
CITY-ST-ZIP	DADE CITY, FL 335257720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRISP, MARY E	
STREET ADDRESS	36702 STATE ROAD 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	MD	<input type="checkbox"/> Delete
NAME	JEAN, HINK	
STREET ADDRESS	36702 STATE RD 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jarvis, BJ	
STREET ADDRESS	36702 State Rd 52	
CITY-ST-ZIP	Dade City FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 2/2/07 352-521-4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #