


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 745043</b> 1. Entity Name <b>PASCO COUNTY 4-H YOUTH FOUNDATION, INC.</b>	
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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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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

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

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

000000773749  
01/11/08-80003-016 61.25

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 JARVIS, BJ 36702 STATE RD 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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IN THIS SPACE**

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** **1/7/08** **352-521-4288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #