

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 27, 2009  
Secretary of State**

DOCUMENT# 745043

Entity Name: PASCO COUNTY 4-H YOUTH FOUNDATION, INC.

**Current Principal Place of Business:**

36702 STATE RD. 52  
DADE CITY, FL 335255138 US

**New Principal Place of Business:**

**Current Mailing Address:**

36702 STATE RD. 52  
DADE CITY, FL 335255138 US

**New Mailing Address:**

FEI Number: 83-0465901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEAN, HINK  
36702 STATE ROAD 52  
DADE CITY, FL 335255138 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEIERT, SHERRY,  
Address: 225 E MICHIGAN AVE  
City-St-Zip: SAN ANTONIO, FL 00000,

Title: STD ( ) Delete  
Name: MARY LEE, CAPPARELLI  
Address: 28426 DARBY RD.  
City-St-Zip: DADE CITY, FL 335257720

Title: D ( ) Delete  
Name: JARVIS, BJ  
Address: 36702 STATE RD 52  
City-St-Zip: DADE CITY, FL 33525

Title: MD ( ) Delete  
Name: JEAN, HINK  
Address: 36702 STATE RD 52  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LEE CAPPARELLI

STD

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date