

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745043

FILED  
Jan 04, 2010  
Secretary of State

**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  
Name: STEIERT, SHARON  
Address: 225 E MICHIGAN AVE  
City-St-Zip: SAN ANTONIO,, FL 33576 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY LEE CAPPARELLI

STD

01/04/2010

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

\_\_\_\_\_  
Date