

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750455** (8)

1. Corporation Name

CLAY COUNTY 4-H CLUB FOUNDATION, INC.



Principal Place of Business

Mailing Address

**2463 STATE ROAD 16 WEST
PO BOX 278
GREEN COVE SPRINGS FL 32043**

**2463 STATE ROAD 16 WEST
PO BOX 278
GREEN COVE SPRINGS FL 32043**

3. Date Incorporated or Qualified

12/31/1979

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GODBOLD, JESSE
2463 STATE ROAD 16 WEST
GREEN COVE SPRINGS FL 32043**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jesse Godbold

Jesse Godbold

4/16/96

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☒ Change ☐ Addition

NAME **KUHN, JAMES P**
STREET ADDRESS **3393 WILDERNESS CIR**
CITY-ST-ZIP **MIDDLEBURG FL**

12 NAME **JAMES, CHARLIE**
13 STREET ADDRESS **RR 2 BOX 225**
14 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656-9405**

TITLE ☐ DELETE

15 TITLE ☒ Change ☐ Addition

NAME **THOMAS, TOMMY**
STREET ADDRESS **506 CLARK STREET**
CITY-ST-ZIP **PENNEY FARMS, FL 00000**

16 NAME **KUHN, JAMES P**
17 STREET ADDRESS **3393 WILDERNESS CIR**
18 CITY-ST-ZIP **MIDDLEBURG FL 32068-4129**

TITLE ☐ DELETE

19 TITLE ☒ Change ☐ Addition

NAME **LITTLE, CLIF**
STREET ADDRESS **1242 TAHOE CT**
CITY-ST-ZIP **ORANGE PARK FL**

20 NAME **LITTLE, CLIF**
21 STREET ADDRESS **1242 TAHOE CT**
22 CITY-ST-ZIP **ORANGE PARK FL 32065-6675**

TITLE ☐ DELETE

23 TITLE ☒ Change ☐ Addition

NAME **PARRISH, WILLIAM**
STREET ADDRESS **6235 COUNTY RD 218**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

24 NAME **BUNCE, BUCKY**
25 STREET ADDRESS **3381 WILDERNESS CIR**
26 CITY-ST-ZIP **MIDDLEBURG FL 32068-4129**

TITLE ☒ DELETE

27 TITLE ☐ Change ☐ Addition

NAME **WHITEHEAD, NANCY**
STREET ADDRESS **302 SONORA DR**
CITY-ST-ZIP **ORANGE PARK FL**

28 CITY-ST-ZIP **600001818096**
29 **-05/13/96--01026--037**

TITLE ☐ DELETE

30 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clif Little

Clif Little

4-16-96

Date

(904) 284-6355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)