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FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 320432463 STATE ROAD 16 WEST
PO BOX 278
GREEN COVE SPRINGS FL 32043-02783. Date Incorporated or Qualified
12/31/19793a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2113754

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Cliff Little

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

2463 State Road 16 West

83

84 City

Green Cove Springs

FL

85 Zip Code

32043

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

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

Cliff Little

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME JAMES, CHARLIE
STREET ADDRESS RR 2 BOX 225
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32658-94051.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME KUHN, JAMES P
STREET ADDRESS 3393 WILDERNESS CIR.
CITY-ST-ZIP MIDDLEBURG FL 32068-41292.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME LITTLE, CLIF
STREET ADDRESS 1242 TAHOE CT
CITY-ST-ZIP ORANGE PARK FL 32065-88753.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☒ DELETE
NAME BUNCE, BUCKY
STREET ADDRESS 3381 WILDERNESS CIR
CITY-ST-ZIP MIDDLEBURG FL 32068-41294.1 TITLE ☒ Change ☐ Addition
4.2 NAME Nancy Stewart
4.3 STREET ADDRESS 4174 Everett Ave
4.4 CITY-ST-ZIP Middleburg FL 32068-5020TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000461

CR2E037 (9/96)