

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

4. FEI Number

59-2113754

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLE, CLIFF  
2463 STATE RD 16 WEST  
GREEN COVE SPRINGS FL 32043

81 Name  
Muriel G. Turner

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

*Muriel G. Turner*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JAMES, CHARLIE  
STREET ADDRESS RR 2 BOX 225  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656-9405

1.1 TITLE PD  
1.2 NAME James, Charlie  
1.3 STREET ADDRESS 789 Southeast 58th Street  
1.4 CITY-ST-ZIP Keystone Heights, FL 32656

TITLE VD  
NAME KUHN, JAMES P  
STREET ADDRESS 3393 WILDERNESS CIR.  
CITY-ST-ZIP MIDDLEBURG FL 32068-4129

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME LITTLE, CLIF  
STREET ADDRESS 1242 TAHOE CT  
CITY-ST-ZIP ORANGE PARK FL 32065-6675

3.1 TITLE SD  
3.2 NAME Turner, Muriel G.  
3.3 STREET ADDRESS 2959 Russell Oaks Drive  
3.4 CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE TD  
NAME STEWART, NANCY  
STREET ADDRESS 4174 EVERETT AVE  
CITY-ST-ZIP MIDDLEBURG FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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

*Muriel G. Turner*

2/27/98 604-284-6355

CR2E037 (10/97)