


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90165 027 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750455**

1. Corporation Name

**CLAY COUNTY 4-H CLUB FOUNDATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 PO Box 278	12/31/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2113754
City & State	City & State	Applied For
23	28 Green Cove Springs, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
Country	Country	\$8.75 Additional Fee Required
24	29 32043-0278	30
25	30	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**TURNER, MURIEL G**  
**2463 SR 16 W**  
**GREEN COVE SPRINGS FL 32043**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, CHARLIE	1.2 NAME	
STREET ADDRESS	789 58TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, JAMES P	2.2 NAME	
STREET ADDRESS	3393 WILDERNESS CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068-4129	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MURIEL G	3.2 NAME	
STREET ADDRESS	2959 RUSSELL OAKS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, NANCY	4.2 NAME	PAGE, KERRY
STREET ADDRESS	4174 EVERETT AVE	4.3 STREET ADDRESS	1981 RED BUG ALLEY
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068-
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

**SIGNATURE:** *Muriel G. Turner* **SIGNATURE REQUIRED.** Turner *2/9/99* (904) 284-6355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)