

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 750455**

1. Entity Name

CLAY COUNTY 4-H CLUB FOUNDATION, INC.**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90091 025 ****61.25

Principal Place of Business

Mailing Address

**2463 STATE ROAD 16 WEST
PO BOX 278
GREEN COVE SPRINGS FL 32043****P.O. BOX 278
GREEN COVE SPRINGS FL 32043-0278**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2113754**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GODBOLD, JESSE**
STREET ADDRESS **205 PARK ST**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043-3042**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **KUHN, JAMES P**
STREET ADDRESS **3393 WILDERNESS CIR.**
CITY-ST-ZIP **MIDDLEBURG FL 32068-4129**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **TURNER, MURIEL G**
STREET ADDRESS **2959 RUSSELL OAKS DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **PAGE, KERRY**
STREET ADDRESS **1981 RED BUG ALLEY**
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Muriel G. Turner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

904-284-6355

CR2E037 (9/01)