

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90046 032 \*\*\*\*61.25

<b>DOCUMENT # 750455</b> 1. Entity Name <b>CLAY COUNTY 4-H CLUB FOUNDATION, INC.</b>					
Principal Place of Business <b>2463 STATE ROAD 16 WEST PO BOX 278 GREEN COVE SPRINGS FL 32043</b>			Mailing Address <b>P.O. BOX 278 GREEN COVE SPRINGS FL 32043-0278</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2113754</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TURNER, MURIEL G 2463 SR 16 W GREEN COVE SPRINGS FL 32043</b>				7. Name and Address of New Registered Agent Name <b>ALLEN, JANE M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3384 CHIMNEY DRIVE</b> City <b>MIDDLEBURG</b> FL Zip Code <b>32068</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jane M. Allen</u> <b>JANE M. ALLEN</b> <u>2/3/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b> <b>President</b> <input type="checkbox"/> Delete NAME <b>GODBOLD, JESSE</b> STREET ADDRESS <b>205 PARK ST</b> CITY-ST-ZIP <b>GREEN COVE SPRINGS FL 32043-3042</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VD</b> <b>Vice Pres</b> <input type="checkbox"/> Delete NAME <b>KUHN, JAMES P</b> STREET ADDRESS <b>3393 WILDERNESS CIR.</b> CITY-ST-ZIP <b>MIDDLEBURG FL 32068-4129</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>SD</b> <input checked="" type="checkbox"/> Delete NAME <b>TURNER, MURIEL G</b> STREET ADDRESS <b>2959 RUSSELL OAKS DR</b> CITY-ST-ZIP <b>GREEN COVE SPRINGS FL 32043</b>			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>ALLEN, JANE M Secretary</b> STREET ADDRESS <b>3384 Chimney Dr.</b> CITY-ST-ZIP <b>Middleburg, FL 32068</b>		
TITLE <b>TD</b> <b>Treasurer</b> <input type="checkbox"/> Delete NAME <b>PAGE, KERRY</b> STREET ADDRESS <b>1981 RED BUG ALLEY</b> CITY-ST-ZIP <b>MIDDLEBURG FL 32068</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 817, 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: <u>Jesse Godbold</u> <b>2-18-04</b> <b>CP 942849426</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					