

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90050 039 \*\*\*\*\*61.25

**DOCUMENT # 750455**

1. Entity 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

P.O. BOX 278  
GREEN COVE SPRINGS FL 32043-0278

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2113754

Applied For

Not Applicable

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

ALLEN, JANE M  
3384 CHIMNEY DRIVE  
MIDDLEBURG FL 32068

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GODBOLD, JESSE**  
STREET ADDRESS **205 PARK ST**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043-3042**

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

TITLE **S** ☒ Delete  
NAME **ALLEN, JANE M**  
STREET ADDRESS **3384 CHIMNEY DR**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **T** ☐ Delete  
NAME **PAGE, KERRY**  
STREET ADDRESS **1981 RED BUG ALLEY**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME **Parrish, William "Buddy"**  
STREET ADDRESS **6235 County Road 218**  
CITY-ST-ZIP **Jacksonville, FL 32234-3446**

TITLE **Sec.** ☒ Change ☐ Addition  
NAME **Milam, Bridget**  
STREET ADDRESS **P.O. Box 278**  
CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Allen, Jane M**  
CITY-ST-ZIP **3384 Chimney Dr**  
**Middleburg, FL 32068**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Jane M. Allen* **JANE M. ALLEN** 1-27-06 (904) 284-1635