
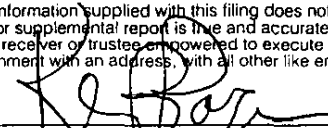


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90036 046 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2113754	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODBOLD, JESSE		NAME	Page, Kerry	
STREET ADDRESS	205 PARK ST		STREET ADDRESS	1981 Red Bug Alley	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 320433042		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM "BUDDY", PARRISH		NAME	Hendry, Gayward	
STREET ADDRESS	6235 COUNTY RD 218		STREET ADDRESS	577 Branscomb Road	
CITY-ST-ZIP	JACKSONVILLE, FL 322343446		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM, BRIDGET		NAME	Young, Susie	
STREET ADDRESS	PO BOX 378		STREET ADDRESS	2672 Holly Point Road	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, KERRY		NAME	Robinson, Marsha	
STREET ADDRESS	1981 RED BUG ALLEY		STREET ADDRESS	606 Myrtle Avenue	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, JANE M		NAME		
STREET ADDRESS	3384 CHIMNEY DR		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			1-29-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		