

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750455

FILED
May 15, 2009
Secretary of State

Entity Name: CLAY COUNTY 4-H CLUB FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2463 STATE ROAD 16 WEST
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

P.O. BOX 278
GREEN COVE SPRINGS, FL 320430278

New Mailing Address:

FEI Number: 59-2113754 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORLESS, JANE M
3384 CHIMNEY DRIVE
MIDDLEBURG, FL 32068 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAYWARD, HENRY
Address: 577 BRANSCOMB ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Delete
Name: BRUNSON, RANDY
Address: 1328 BLACKMON ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: YOUNG, SUSIE
Address: 2672 HOLLY POINT RD
City-St-Zip: ORANGE PARK, FL 32073

Title: T () Delete
Name: ROBINSON, MARSHA
Address: 606 MYRTLE AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: CORLESS, JANE M
Address: 33884 CHIMNEY DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE M. CORLESS

MRS.

05/15/2009

Electronic Signature of Signing Officer or Director

Date