2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750455

1. Entity Name

CLAY COUNTY 4-H CLUB FOUNDATION, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90542 014 ****61.25

2463 STATE ROAD 16 WEST P.O.		Mailing Address P.O. BOX 278 GREEN COVE SPRINGS	-		1	1818: 1180: 1818: 1818 1818: 1818: 1			
2. Principal P	Place of Business	3. Mailing Address	lailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		□ сн	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State	City & State			4. FEI Number 59-2113754 Applied For Not Applicable			
Zip	Zip Country Zip		p Country		5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current	I Registered Agent			7. Name and Addres	ss of New Registered Ag	<u> </u>		
			·	Name					
Turner, 2463 SR	MURIEL G 16 W		Street Address		ss (P.O. Box Number is Not	(P.O. Box Number is Not Acceptable)			
	OVE SPRINGS FL 32043		,			· · · · · · · · · · · · · · · · · · ·			
				City		FL	Zip Code	9	
the obligat	Signature, typed or printed name of registered agent s				stered agent, or both, in the	State of Florida. I am fai	niliar with,	and accept	
FILE NOW: FEE 15 Spl.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODBOLD, JESSE 205 PARK ST GREEN COVE SPRINGS FL 3204(☐ Delete				I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUHN, JAMES P 3393 WILDERNESS CIR. MIDDLEBURG FL 32068-4129	☐ Delete				[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, MURIEL G 2959 RUSSELL OAKS DR GREEN COVE SPRINGS FL 32043	☐ Delete		į.		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAGE, KERRY 1981 RED BUG ALLEY MIDDLEBBURG FL 32068	☐ Delete	•			(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	CITY	ET ADDRESS -ST-ZIP			Change	Addition	

12. I hereby certify that the information supplied with this filing does not quality 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 cities like empowered.

SIGNATURE: