

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

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90003 030 \*\*\*\*70.00



**DOCUMENT # 752577**  
1. Entity Name  
**MARION COUNTY 4-H FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
**2232 N.E. JACKSONVILLE RD.  
OCALA FL 32670**      **2232 N.E. JACKSONVILLE RD.  
OCALA FL 32670**



2. Principal Place of Business      3. Mailing Address  
**2232 NE Jacksonville Road**      **2232 NE Jacksonville Road**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

2nd MOORE      CR2E037 (4/06)

City & State      City & State  
**Ocala, Florida**      **Ocala, Florida**

4. FEI Number      Applied For  
**59-2356724**      Not Applicable

Zip      Country      Zip      Country  
**34470**      **USA**      **34470**      **USA**

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**MILLAR, KIM  
2232 N.E. JACKSONVILLE RD.  
OCALA FL 32670**

7. Name and Address of New Registered Agent  
Name      **Norma Samuel**  
Street Address (P.O. Box Number is Not Acceptable)  
**2232 NE Jacksonville Road**  
City      **Ocala**      FL      Zip Code      **34470**

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: **Norma Samuel, Extension, Agent II, 4-H**      DATE: **8/3/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25  
Due By September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAILEY, TODD 1420 SE 10TH AVENUE OCALA FL 34471	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UPTON, STEVE 3120 NE 95TH STREET ANTHONY FL 32617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROUCH, NEVA 4465 NE 3RD CT. OCALA FL 34479	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARZELLA, ROSE 733 N. MAGNOLIA AVENUE OCALA FL 34475	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UPTON, STEVE 3120 NE 95TH STREET ANTHONY FL 32617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Neva Crouch**      DATE: **8/3/06**