

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90028 005 \*\*\*\*\*70.00

**DOCUMENT # 752577**

1. Entity Name

MARION COUNTY 4-H FOUNDATION, INC.



Principal Place of Business

2232 N.E. JACKSONVILLE RD.  
OCALA FL 34470

Mailing Address

2232 N.E. JACKSONVILLE RD.  
OCALA FL 34470

2. Principal Place of Business - No P.O. Box #

2232 NE Jacksonville Road

3. Mailing Address

2232 NE Jacksonville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34470

Country

USA

Zip

34470

Country

USA

4. FEI Number

59-2356724

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAMUEL, NORMA  
2232 N.E. JACKSONVILLE RD.  
OCALA FL 34470

7. Name and Address of New Registered Agent

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: Samuel Norma Samuel, Extension Agent II, 4-H

3/3/07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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: PD ☐ Delete  
NAME: UPTON, STEVE  
STREET ADDRESS: 3120 NE 95TH STREET  
CITY-ST-ZIP: ANTHONY FL 32617

TITLE: SD ☐ Delete  
NAME: CROUCH, NEVA  
STREET ADDRESS: 4465 NE 3RD CT.  
CITY-ST-ZIP: Ocala FL 34479

TITLE: TD ☐ Delete  
NAME: MARZELLA, ROSE  
STREET ADDRESS: 733 N. MAGNOLIA AVENUE  
CITY-ST-ZIP: Ocala FL 34475

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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: VD ☐ Change ☒ Addition  
NAME: Rick Eubanks  
STREET ADDRESS: 2211 E Silver Springs Boulevard  
CITY-ST-ZIP: Ocala, FL 34470

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

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

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

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

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: Neva Crouch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07

Date

Daytime Phone #