2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# 752577

Entity Name: MARION COUNTY 4-H FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2356724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

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

Name and Address of New Registered Agent:

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:	PD	( ) Delete
Name:	UPTON, STEVE	
Address:	3120 NE 95TH STREET	
City-St-Zip:	ANTHONY, FL 32617	
Title:	SD	( ) Delete
Name:	CROUCH, NEVA	
Address:	4465 NE 3RD CT.	
City-St-Zip:	OCALA, FL 34479	
Title:	TD	( ) Delete
Name:	MARZELLA, ROSE	
Address:	733 N. MAGNOLIA AVENUE	
City-St-Zip:	OCALA, FL 34475	
Title:	VD	( ) Delete
Name:	EUBANKS, RICK	
Address:	2211 E. SILVER SPRINGD BLVD.	
City-St-Zip:	OCALA, FL 34470	

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:	

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: NEVA CROUCH SD 05/05/2009

Electronic Signature of Signing Officer or Director — Date