# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**Secretary of State**

DOCUMENT# 753427

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

**Current Principal Place of Business:**

25550 HARBORVIEW RD
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510185
PUNTA GORDA, FL 339510185 US

**New Mailing Address:**

**FEI Number: 59-2863979** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LORAH, GEOFFREY
1133 BAL HARBOR BLVD
SUITE 1135
PUNTA GORDA, FL 33950 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: | KEENEY, RICHARD | |
| Address: | 6800 PINEWOOD LANE | |
| City-St-Zip: | PUNTA GORDA, FL 33982 | |
| Title: | VD | ( ) Delete |
| Name: | DRURY, DAVID | |
| Address: | 2394 QUIRT LANE | |
| City-St-Zip: | PUNTA GORDA, FL 33983 | |
| Title: | TD | ( ) Delete |
| Name: | LORAH, GEOFFREY, | |
| Address: | 113 BAL HAROBOR BLVD #1135 | |
| City-St-Zip: | PUNTA GORDA, FL 33950 | |
| Title: | SD | ( ) Delete |
| Name: | PIKE, MARY | |
| Address: | 20479 ALBURY DR | |
| City-St-Zip: | PORT CHARLOTTE, FL 33952 | |

**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: GEOFFREY LORAH TD 01/15/2009

Electronic Signature of Signing Officer or Director — Date