NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999

DOCUMENT # 755660

1. Corporation Name

HARDEE COUNTY 4-H CLUB FOUNDATION, INC.

Principal Place of Business

HARDEE COUNTY EXTENSION SERVICE OFFICE

507 CIVIC CENTER DRIVE WAUCHULA FL 33873 Mailing Address

HARDEE COUNTY EXTENSION SERVICE OFFICE 507 CIVIC CENTER DRIVE

WAUCHULA FL 33873

## FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90138 038 \*\*\*\*61.25

|--|--|--|

2. Principal Pl	rincipal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
21		26			12/23/1980	1 1-		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	<u> </u>	plied For	
22		27			59-2251134		ot Applicable Additional	
City & State	3	City & State			5. Certifcate of Status Desired	Fee Re		
23	Country Zip Country		S Flaction Compaign Financing		·			
Zip	Country			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24	9. Name and Address of Current		<u>''</u>		10. Name and Address of New Registered			
_	o. Harre and Address of Constitution		81	Name				
COURT WIFE A PERSON			-	DO COLLAND TO DO DO NOT				
SOUTHWELL, JERALD S			84	82 Street Address (P.O. Box Number is Not Acceptable)				
574 GREEN ASH LANE WAUCHULA FL 33873			83	1	· · · · · · · · · · · · · · · · · · ·			
WAUCHU	A FL 338/3		_	-		7:-	Code	
			84	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for the purpose of	changing its	registered	
office or t	egistered agent, or both, in the State o m familiar with, and accept the obligation	of Florida. Such change was auth	iorized bi	the corpor	ation's board of directors. I hereby accept the appo	intment as re	gistered	
-	Trainillar with, and accept the obligate	ons or, occupit o tribodo, i fonde	a 0.0.10.10	<b>.</b>			-	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Age	ent signature req	uired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF			
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	SOUTHWELL, JERALD		1.2 NAME	•			ļ	
STREET ADDRESS	574 GREEN ASH LANE		1.3 STREE	TADDRESS			ŀ	
CITY-ST-ZIP	WAUCHULA FL 33873		1.4 CITY-	ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	HAYWARD, RICH S		2.2 NAME				į	
STREET ADDRESS	308 RIVERSIDE DRIVE		2.3 STREE	ET ADDRESS			ì	
CITY-ST-ZIP	WAUCHULA FL 33873		2. 4 CITY-	ST-ZIP				
TITLE	STD	☐ DELETE	3.1 TTLE	)		☐ Change	☐ Addition	
NAME	NICKERSON, JOE		3.2 NAME					
STREET ADDRESS	518 NORTH ED WELLS ROAD		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	WAUCHULA FL 33873		34. CITY-	ST-ZIP	<u> </u>		☐ Addition	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				}	
STREET ADDRESS			4.3 STREI	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETÉ	5.1 TITLE			☐ Change		
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS			-	
CITY-ST-ZIP		□ NELETE	5.4 CITY- 6.1 TITLE	SI-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	l .			☐ Charige		
NAME			6.2 NAME				1	
STREET ADDRESS		:	6.3 STRE	TADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99(**9**//) 773-015**/**Date Daytime Phone #

:R2E037 (11/9)