

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755660

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

FILED
Mar 30, 2004
Secretary of State

Current Principal Place of Business:

HARDEE COUNTY EXTENSION SERVICE OFFICE
507 CIVIC CENTER DRIVE
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

HARDEE COUNTY EXTENSION SERVICE OFFICE
507 CIVIC CENTER DRIVE
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-3632384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, MARY S
9754 TOLBERT STEPHENS ROAD
ONA, FL 33865 US

Name and Address of New Registered Agent:

WYATT, CAROLYN
507 CIVIC CENTER DRIVE
WAUCHULA, FL 33873 US

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: CAROLYN WYATT

03/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CREWS, DENNIS
Address: 121 PRESCOTT ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: VD () Delete
Name: WEEKS, DANNY
Address: 329 RIVERSIDE DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: SD () Delete
Name: COOPER, RILLA
Address: 3645 HENDRY ROAD
City-St-Zip: BOWLING GREEN, FL 33834

Title: TD () Delete
Name: ROBERTSON, SHANNYN
Address: 5466 SWEETWATER ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: TD () Delete
Name: MITCHELL, MARY S
Address: 9754 TOLBERT STEPHENS ROAD
City-St-Zip: ONA, FL 33865

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:

Title: TD (X) Change () Addition
Name: DEVANE, DARLINDA S
Address: 120 LAKE BRANCH ROAD
City-St-Zip: BOWLING GREEN, FL 33834

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARLINDA DEVANE

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03/30/2004

Electronic Signature of Signing Officer or Director

Date