


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90109 033 \*\*\*\*61.25

<b>DOCUMENT # 755660</b>	
1. Entity 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
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**50025968**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3632384	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WYATT, CAROLYN 507 CIVIC CENTER DRIVE WAUCHULA, FL 33873
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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 Carolyn H. Wyatt

Signature, typed or printed name of registered agent and title if applicable.

*Carolyn H. Wyatt*

(NOTE: Registered Agent signature required when reinstating)

March 10, 2005

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD CREWS, DENNIS 121 PRESCOTT ROAD WAUCHULA, FL 33873 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WEEKS, DANNY 329 RIVERSIDE DRIVE WAUCHULA, FL 33873 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COOPER, RILLA 3645 HENDRY ROAD BOWLING GREEN, FL 33834 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROBERTSON, SHANNYN 5466 SWEETWATER ROAD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEVANE, DARLINDA S 120 LAKE BRANCH ROAD BOWLING GREEN, FL 33834 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Carolyn H. Wyatt 507 Civic Center Drive Wauchula, FL 33873 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Carolyn H. Wyatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carolyn H. Wyatt*

March 10, 2005 863-773-2164

Date

Daytime Phone #