

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 755660	
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



01302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3632384	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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** *Carolyn H. Wyatt* **January 31, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CREWS, DENNIS
STREET ADDRESS 121 PRESCOTT ROAD
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE VD
NAME WEEKS, DANNY
STREET ADDRESS 329 RIVERSIDE DRIVE
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE SD
NAME COOPER, RILLA
STREET ADDRESS 3645 HENDRY ROAD
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE TD
NAME WYATT, CAROLYN H
STREET ADDRESS 507 CIVIC CENTER DRIVE
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000619071
02/08/07-80056-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** *Carolyn H. Wyatt* **January 31, 2007** **863-773-2164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #