2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 755660

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

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:

WYATT, CAROLYN
507 CIVIC CENTER DRIVE
WAUCHULA, FL 33873 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: WEEKS, DANNY
Address: 329 RIVERSIDE DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: VD ( ) Delete
Name: CREWS, DENNIS
Address: 121 PRESCOTT ROAD
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: WYATT, CAROLYN H
Address: 507 CIVIC CENTER DRIVE
City-St-Zip: WAUCHULA, FL 33873

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: CAROLYN H. WYATT TD 03/24/2009
Electronic Signature of Signing Officer or Director — Date