## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

25 NE 1ST STREET

757855

(2)

Mailing Address
25 NE 1ST STREET

## UNION COUNTY 4-H FOUNDATION, INC.

LAKE BUTLER FL 32054 US			LAKE US	LAKE BUTLER FL 32054-1701										
			u5						3. Date Incorporated or Qualified 05/05/1981 3a. Date of Last Report 02/26/1996					
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-21307	797		T	<del></del>	olied For
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.						<u> </u>		60	<del></del>	Applicable dditional
22				27					5. Certificate of St	atus Desired			ee Red	
City & State				City & State					6. Election Campa	ion Financino	<del></del>			May Be
23			F1	28					Trust Fund Conf				ded to	•
Ζιρ				Zip Cour			8. This corporation has liability for intangible tax under			der s.	199.032,			
24	25			29 30			Florida Statutes					•		
	9. Name	and Address of Curren	t Registe	red Agent					10. Name and Add	ress of New Re	gistered /	Agent		
						81	Name	3						
BREMAN, JACQUE W.				82			Street Address (P.O. Box Number is Not Acceptable)							
25 NW 1ST STREET														
LAKE BUTLER FL 32054						83								
						84	City					85	Zip C	ode
							l				<u>FL</u>			
11. Pursuar	nt to the provis	ions of Sections 617,050 sent, or both, in the State	2 and 617 of Florida	1.1508, Florida Statul L Such change was	ites, the	above ed by	e-named	d corporation	ation submits this st	atement for the p	ourpose of the too	chanç ointme	jing its int as i	registered registered
		th, and accept the obliga						. p 0. 00.	, 5 25 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	,	эт <b></b> рр	0,,,,,,,		0,010,00
SIGNATURE						· <del></del>								
40	Signature, typed	or printed name of registered age					ent signatur	re required	when reinstating) ADDITIONS/CHA	NOTE TO OFFI	DATE OCDE AND	NIDE	CTOD	2 151 42
12.	OFFICERS AND		DIRECT			13. 1.1 TITLE		1	ADDITIONS/ChA	INGES TO OFFIC	JENO MINL	Ch		Addition
NAME		PRITCHETT, JON				NAME	ĺ					o	milyo	/wallion
STREET ADDRESS							* ADDDCCC	.						
CITY-ST-ZIP	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					1.3 STREET ADDRESS		' <b>!</b>						
TITLE	S					1.4 CHY-ST-ZIP 2.1 TITLE		<del> </del>				Ch	ange	Addition
NAME	ι -	I, DIANE A.				NAME		}				<u></u>		
STREET ADDRESS	1	X 333 N/A					ADDRESS	.						
CITY-ST-ZIP		UTLER, FL 00000				CITY-								
TITLE	VD VD			DELETE		TITLE		<del> </del>		· · · · · · · · · · · · · · · · · · ·		Ch	ange	Addition
NAME	1	N, JOHNNY			32	NAME		1						
STREET ADDRESS	1	9TH AVE			3.3	STREET	ADDRESS	: 1						
CHY-SI-ZIP		UTLER FL			3.4	CITY-	ST-ZIP	Ì						
TITLE	PD			☐ DELETE	4.1	TITLE						Ch	ange	Addition
NAME	HARRIS	, david W.			4. 3	2 NAME								
STREET ADDRESS	s RR 1B0	OX 43-H			4.3	STREET	ADDRESS							
CITY-ST-ZIP	RAIFOR	D FL			4.4	CITY-S	ST-ZIP	<u> </u>						
TITLE	D			☐ DELETE	51	TITLE						Ch	ange	Addition
NAME	_	N, JACQUE W.			5.2	NAME								
STREET ADDRES		ist street			5.3	STAEET	ADDRESS	:						
CHY-ST-ZIP				7771		5.4 CITY-ST-ZIP								
TITLE	TD			☐ DELETE	6.1	TITLE		l				L_ Ch	ange	Addition
NAME		KER, DAVE				NAME								
STREET ADDRESS		OX 2631					ADDRESS	:						
CITY - ST - ZIP		UTLER FL	al collection	filipp dags ==+ - :		CITY-S		olota d	Continu 110 07/0	V Electedo Ctotada	n 1 f. water -		لقمطاهي	ho.
informa Lam ari	ition indicated officer or dire	at the information supplie on this annual report or s ctor of the corporation or or Block 13 if changed, o	supplemer the receiv	ntal annual report is ver or trustee empov	true and wered to	d acci	urate an	nd that m	ıy signature shall ha	ve the same lega	al effect as	s if mad	de unc	ler oath; that

SIGNATURE:

JOSEPH A. Wilson INTERPRETATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/97

(904)496-2321

**FILED** 

Feb 05 1997 8:00am

Secretary of State

Daylime Phone # 0000582