

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **757855** (2)

1. Corporation Name

UNION COUNTY 4-H FOUNDATION, INC.

Principal Place of Business

Mailing Address

**25 NE 1ST STREET
LAKE BUTLER FL 32054
US**

**25 NE 1ST STREET
LAKE BUTLER FL 32054
US**

3. Date Incorporated or Qualified

05/05/1981

4. FEI Number

59-2130797

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREMAN, JACQUE W.
25 NW 1ST STREET
LAKE BUTLER FL 32054**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **DELETED**
STREET ADDRESS **P O BOX 311 N/A**
CITY-ST-ZIP **LAKE BUTLER, FL 00000**

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **John Godbold**
1.3 STREET ADDRESS **P O Box 358 N/A**
1.4 CITY-ST-ZIP **Lake Butler FL 32054-0358**

TITLE **S** ☐ DELETE
NAME **WILSON, DIANE A.**
STREET ADDRESS **P O BOX 333 N/A**
CITY-ST-ZIP **LAKE BUTLER, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **O'STEEN, JOHNNY**
STREET ADDRESS **240 NE 9TH AVE**
CITY-ST-ZIP **LAKE BUTLER FL**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **Linda Dicks**
3.3 STREET ADDRESS **RR 1 BOX 352**
3.4 CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE **PD** ☒ DELETE
NAME **HARRIS, DAVID W.**
STREET ADDRESS **RR 1 BOX 43-H**
CITY-ST-ZIP **RAIFORD FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Cliff Waddell**
4.3 STREET ADDRESS **RR 2 BOX 751X**
4.4 CITY-ST-ZIP **Lake Butler FL 32054**

TITLE **D** ☐ DELETE
NAME **BREMAN, JACQUE W.**
STREET ADDRESS **25 NE 1ST STREET**
CITY-ST-ZIP **LAKE BUTLER, FL 00000**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MECUSKER, DAVE**
STREET ADDRESS **RR 4 BOX 2631**
CITY-ST-ZIP **LAKE BUTLER FL**

6.1 TITLE **P/D** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diane A. Wilson

Diane A. Wilson

04/20/98

(904) 496-2321

CR2E037 (1097)