

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90134 034 ****61.25

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DOCUMENT # 757855

1. Corporation Name

UNION COUNTY 4-H FOUNDATION, INC.

Principal Place of Business

25 NE 1ST STREET
LAKE BUTLER FL 32054
US

Mailing Address

25 NE 1ST STREET
LAKE BUTLER FL 32054
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/05/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2130797

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 V ☐ DELETE

NAME GODBOLD, JOHN

STREET ADDRESS POB 358

CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE S ☒ DELETE

NAME WILSON, DIANE A.

STREET ADDRESS P O BOX 333 N/A

CITY-ST-ZIP LAKE BUTLER, FL 00000

TITLE T ☐ DELETE

NAME DICKS, LINDA

STREET ADDRESS RR1 BOX 352

CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D ☐ DELETE

NAME WADDELL, CLIFF

STREET ADDRESS RR2 BOX 751

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

TITLE PD ☐ DELETE

NAME MECUSKER, DAVE

STREET ADDRESS RR 4 BOX 2631

CITY-ST-ZIP LAKE BUTLER FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

03/11/99

(904) 496-2321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)