2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 757855

Entity Name: UNION COUNTY 4-H FOUNDATION, INC.

Current Principal Place of Business:

25 NE 1ST STREET
LAKE BUTLER, FL 32054 US

New Principal Place of Business:

Current Mailing Address:

25 NE 1ST STREET
LAKE BUTLER, FL 32054 US

New Mailing Address:

FEI Number: 59-2130797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BREMAN,JACQUE W.
25 NE 1ST STREET
LAKE BUTLER, FL 32054 US

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: JACQUE BREMAN 04/28/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOODINGTON, BILLY
Address: PO BOX 754
City-St-Zip: LAKE BUTLER, FL 320540754

Title: VD ( ) Delete
Name: DICKS, LINDA
Address: RR1 BOX 352
City-St-Zip: LAKE BUTLER, FL 32054

Title: SDT ( ) Delete
Name: NETTLES, KAY
Address: RR 3 BOX 1550A4
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete
Name: BREMAN, JACQUE W.,
Address: 25 NE 1ST STREET
City-St-Zip: LAKE BUTLER, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOODINGTON, BILLY
Address: PO BOX 754
City-St-Zip: LAKE BUTLER, FL 320540754 US

Title: VD (X) Change ( ) Addition
Name: DICKS, LINDA
Address: RR1 BOX 352
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: SDT (X) Change ( ) Addition
Name: BOYD, CAILYN
Address: RT 2 BOX 382
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D (X) Change ( ) Addition
Name: BREMAN, JACQUE W.,
Address: 25 NE 1ST STREET
City-St-Zip: LAKE BUTLER,, FL 32054 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILLY WOODINGTON PD 04/28/2005
Electronic Signature of Signing Officer or Director Date