

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757855**

1. Entity 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



01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2130797

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WOODINGTON, BILLY
STREET ADDRESS	PO BOX 754
CITY-ST-ZIP	LAKE BUTLER, FL 320540754
TITLE	VD
NAME	DICKS, LINDA
STREET ADDRESS	RR1 BOX 352
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	SDT
NAME	BOYD, CAILYN
STREET ADDRESS	RT 2 BOX 382
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	D
NAME	BREMAN, JACQUE W.
STREET ADDRESS	25 NE 1ST STREET
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000395793  
01/27/06-80006-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #