FILE NOW: FILING FEE AFTER MAY 1 $150.00 $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **760556** **(1)**

1. Corporation Name

HERNANDO COUNTY 4-H CLUB FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19490 OLIVER ST BROOKSVILLE FL 34601-6539 US	19490 OLIVER ST BROOKSVILLE FL 34601-6539 US

3. Date Incorporated or Qualified: **10/22/1981**
3a. Date of Last Report: **01/28/1994**
4. FEI Number: **59-2160397** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired XX **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILL, WILLIAM ED., JR. 19490 OLIVER ST BROOKSVILLE FL 34601	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William Ed. Hill, Jr.
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	PD	1.1 TITLE	P/D	XX Change ☐ Addition
NAME	THORNTON, JUDY	1.2 NAME	Day, Robert	
STREET ADDRESS	10038 WEATHERLY RD	1.3 STREET ADDRESS	21230 Moore Rd.	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	D	2.1 TITLE	D/T	☐ Change XX Addition
NAME	BOEHME, WALT	2.2 NAME	Roller, Gloria	
STREET ADDRESS	7576 MITCHELL RD.	2.3 STREET ADDRESS	10000 Ft. King Rd.	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	Dade City, FL 33525	
TITLE	VD	3.1 TITLE	D	☐ Change XX Addition
NAME	ADAMS, LEE	3.2 NAME	Neal, Harriet	
STREET ADDRESS	22384 CHINSEGUT HILL RD	3.3 STREET ADDRESS	5209 Culbreath Rd.	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	SD	4.1 TITLE	D	☐ Change XX Addition
NAME	TANNER, SANDEE	4.2 NAME	Nolte, Bob	
STREET ADDRESS	21401 POWELL RD	4.3 STREET ADDRESS	9295 Regatta Cirlce	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	D	5.1 TITLE	D	XX Change ☐ Addition
NAME	KELLY, MAGGIE	5.2 NAME	Thornton, Judy	
STREET ADDRESS	P.O. BOX 101 N/A	5.3 STREET ADDRESS	10038 Weatherly Rd.	
CITY-ST-ZIP	NOBLETON FL	5.4 CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	TD	6.1 TITLE	D	XX Change ☐ Addition
NAME	NORDGREN, KARLENE	6.2 NAME	Meadows, Turman	
STREET ADDRESS	16238 POWELL RD.	6.3 STREET ADDRESS	11150 Weatherly Rd.	
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	Brooksville, FL 34601	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sandee Tanner Sandee Tanner 4.7.95 904/796-3884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0588714