

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760556 (1)

1. Corporation Name

HERNANDO COUNTY 4-H CLUB FOUNDATION, INC.



Principal Place of Business

**19490 OLIVER ST
BROOKSVILLE FL 34601-6538
US**

Mailing Address

**19490 OLIVER ST
BROOKSVILLE FL 34601-6538
US**

3. Date Incorporated or Qualified
10/22/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number
59-2160397

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HILL, WILLIAM ED., JR.
19490 OLIVER ST
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE
NAME **DAY, ROBERT**
STREET ADDRESS **21230 MOORE RD.**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **DT** ☐ DELETE
NAME **ROLLER, GLORIA**
STREET ADDRESS **10000 FT. KING RD.**
CITY-ST-ZIP **DADE CITY FL**

TITLE **D** ☐ DELETE
NAME **NEAL, HARRIET**
STREET ADDRESS **5209 CULBREATH RD.**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ DELETE
NAME **NOLTE, BOB**
STREET ADDRESS **9295 REGATTA CIRCLE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ DELETE
NAME **THORNTON, JUDY**
STREET ADDRESS **10038 WEATHERLY RD.**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ DELETE
NAME **MEADOWS, TURMAN**
STREET ADDRESS **11150 WEATHERLY RD.**
CITY-ST-ZIP **BROOKSVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DAY, ROBERT**
1.3 STREET ADDRESS **25177 CROOM ROAD**
1.4 CITY-ST-ZIP **BROOKSVILLE FL**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **NOLTE, BOB**
4.3 STREET ADDRESS **6110 BEAR TRAIL**
4.4 CITY-ST-ZIP **SPRING HILL, FL**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Day

1/18/96

813/847-7063

Date

Daytime Phone

CR2E037 (12/95)