

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34801-6538  
US

Mailing Address

19490 OLIVER ST  
BROOKSVILLE FL 34801-6538  
US

3. Date Incorporated or Qualified

10/22/1981

3a. Date of Last Report

02/02/1996

4. FEI Number

59-2160397

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 Country

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 34801

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 PD ~~XX~~ DELETE  
NAME DAY, ROBERT  
STREET ADDRESS 25177 CROOM RD  
CITY - ST - ZIP BROOKSVILLE FL1.1 TITLE Director ☐ Change ~~XX~~ Addition  
1.2 NAME Kim Richards  
1.3 STREET ADDRESS 163 Estates Ave.  
1.4 CITY - ST - ZIP Brooksville, FL 34601TITLE DT ☐ DELETE  
NAME ROLLER, GLORIA  
STREET ADDRESS 10000 FT. KING RD.  
CITY - ST - ZIP DADE CITY FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME NEAL, HARRIET  
STREET ADDRESS 5209 CULBREATH RD.  
CITY - ST - ZIP BROOKSVILLE FL3.1 TITLE Director-President ~~XX~~ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE D ~~XX~~ DELETE  
NAME NOLTE, BOB  
STREET ADDRESS 6110 BEAR TRAIL  
CITY - ST - ZIP SPRING HILL FL4.1 TITLE Director-Secretary ☐ Change ~~XX~~ Addition  
4.2 NAME Cathy Cowie-Ward  
4.3 STREET ADDRESS 16300 Guppton Street  
4.4 CITY - ST - ZIP Brooksville, FL 34613TITLE D ~~XX~~ DELETE  
NAME THORNTON, JUDY  
STREET ADDRESS 10038 WEATHERLY RD.  
CITY - ST - ZIP BROOKSVILLE FL5.1 TITLE Director-Vice President ☐ Change ~~XX~~ Addition  
5.2 NAME Emmitt Jones  
5.3 STREET ADDRESS 9339 Land O' Lakes Blvd.  
5.4 CITY - ST - ZIP Land O' Lakes, FL 34639TITLE D ~~XX~~ DELETE  
NAME MEADOWS, TURMAN  
STREET ADDRESS 11150 WEATHERLY RD.  
CITY - ST - ZIP BROOKSVILLE FL6.1 TITLE Director ☐ Change ~~XX~~ Addition  
6.2 NAME Becky Wing  
6.3 STREET ADDRESS 24472 Mae Hight Road  
6.4 CITY - ST - ZIP Brooksville, FL 34601

14. I do 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.

SIGNATURE: *Harriet Neal* ~~FOUNDED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-97

Date

352-754-4133

Daytime Phone # 0006308

CR2E037 (9/96)