

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2160397 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Odegaard, Wayne 82 Street Address (P.O. Box Number is Not Acceptable) 19490 Oliver Street 83 84 City Brooksville FL 85 Zip Code 34601			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 *Wayne Odegaard* **Wayne Odegaard-County Extension Director** 1/16/98
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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, KIM			1.2 NAME			
STREET ADDRESS	163 ESTATES AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROLLER, GLORIA			2.2 NAME			
STREET ADDRESS	10000 FT. KING RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEAL, HARRIET			3.2 NAME			
STREET ADDRESS	5209 CULBREATH RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			3.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COWIE-WARD, CATHY			4.2 NAME			
STREET ADDRESS	16300 GUPTON STREETQ			4.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			4.4 CITY-ST-ZIP			
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JONES, EMMITT			5.2 NAME			
STREET ADDRESS	9339 LAND O' LAKES BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAND O' LAKES FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WING, BECKY			6.2 NAME			
STREET ADDRESS	24472 MAE HIGHT ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			6.4 CITY-ST-ZIP			

14. I 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: *Becky Wing* **Becky Wing** 1-21-98 (352) 754-4433

CR2E037 (10/97)