

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 23, 2005 8:00 am
Secretary of State

04-21-2005 90233 018 ****61.25

DOCUMENT # 760556 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2160397	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOORES, NANCY A 19490 OLIVER ST BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMIDT, TORINA <input type="checkbox"/> Delete 9442 WEATHERLY RD BROOKSVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, LOUISE <input type="checkbox"/> Delete 25437 LADYHAWK LANE BROOKSVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESTRADA, KIM <input type="checkbox"/> Delete 19443 FT. DADE AVE. BROOKSVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 2nd VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tim Hill 26208 Mondon Hill Rd. Brooksville, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 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: <u>Nancy A Moore</u> NANCY A MOORES <u>4/18/05</u> <u>352/754-4433</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #</small>					

66018387



04182005 Chg-NP CR2E037 (10/03)

Kim Estrada Kim Estrada

5/19/05 (352) 397-8600