


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90387 037 ****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		3. Mailing Address			
Suite, Apt. #, etc.		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				7. Name and Address of New Registered Agent	
MOORES, NANCY A 19490 OLIVER ST BROOKSVILLE, FL 34601				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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMIDT, TORINA 9442 WEATHERLY RD BROOKSVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMIDT, TORINA 9442 WEATHERLY RD. BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, LOUISE 25437 LADYHAWK LANE BROOKSVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESTRADA, KIM 19443 FT. DADE AVE. BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESTRADA, KIM 19443 FT. DADE AVE. BROOKSVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HILL, TIM 26208 MONDON HILL RD. BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2V HILL, TIM 26208 MONDON HILL RD BROOKSVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HILL, TIM 26208 MONDON HILL RD. BROOKSVILLE, FL 34601	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kim Estrada</i> Kim Estrada			Date: 4/20/06 397-1768		

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04182006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2160397

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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.

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9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
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SIGNATURE: *Kim Estrada* Kim Estrada
 Date: 4/20/06 397-1768