


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 760556</b>	
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
---	---

DO NOT WRITE IN THIS SPACE



05172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2160397	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  MOORES, NANCY A 19490 OLIVER ST BROOKSVILLE, FL 34601
--

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHMIDT, TORINA 9442 WEATHERLY RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESTRADA, KIM 19443 FT. DADE AVE. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HILL, TIM 26208 MONDON HILL RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000764589  
05/31/07-80003-003 61.25

DO NOT WRITE  
IN THIS SPACE

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: 5/17/07	Daytime Phone #: (352) 277-2163
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		