

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760556

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** HERNANDO COUNTY 4-H CLUB FOUNDATION, INC.

**Current Principal Place of Business:**

19490 OLIVER ST  
BROOKSVILLE, FL 346016538 US

**New Principal Place of Business:**

**Current Mailing Address:**

19490 OLIVER ST  
BROOKSVILLE, FL 346016538 US

**New Mailing Address:**

**FEI Number:** 59-2160397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORES, NANCY A  
19490 OLIVER ST  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: SCHMIDT, TORINA  
Address: 9442 WEATHERLY RD  
City-St-Zip: BROOKSVILLE, FL

Title: DP ( ) Delete  
Name: ESTRADA, KIM  
Address: 19443 FT. DADE AVE.  
City-St-Zip: BROOKSVILLE, FL

Title: DVP ( ) Delete  
Name: HILL, TIM  
Address: 26208 MONDON HILL RD  
City-St-Zip: BROOKSVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: TAYLOR, JULIE  
Address: 26175 OLYMPIA RD.  
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE TAYLOR

DVP

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date