

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90176 039 \*\*\*\*61.25

**DOCUMENT # 764117**

1. Corporation Name

**WALTON COUNTY 4-H CLUB FOUNDATION, INC.**

Principal Place of Business  
732 N 9TH STREET  
SUITE B  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address  
732 N 9TH STREET  
SUITE B  
DEFUNIAK SPRINGS FL 32433  
US

166152-90176-39



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/12/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2243382

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, GEORGE R ESQ  
105 E NELSON AVENUE, P.O. BOX 687  
DEFUNIAK SPRINGS FL 32433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

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 PD  
NAME HAYSLIP, WADE  
STREET ADDRESS RT. 7 BOX 796  
CITY-ST-ZIP DEFUNIAK SPRGS FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

TITLE VD  
NAME WARD, BRUCE  
STREET ADDRESS 3944 US HWY 331 NORTH  
CITY-ST-ZIP DEFUNIAK SPRGS FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME CAWTHON, LANDRUM  
STREET ADDRESS LAKESIDE DR  
CITY-ST-ZIP DEFUNIAK SPRGS FL 32433

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME MILLER, GEORGE R  
STREET ADDRESS 105 E. NELSON AVE  
CITY-ST-ZIP DEFUNIAK SPRGS FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE TD  
NAME INGRAM, CARRIE  
STREET ADDRESS 5227 STATE HWY 83  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

*Signature of Bruce H. Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99 (850) 892-8172  
Date Daytime Phone #

CR2E037 (11/98)