

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000014

FILED  
May 17, 2008  
Secretary of State

Entity Name: LEE COUNTY 4-H FOUNDATION, INC.

**Current Principal Place of Business:**

3406 PALM BCH BLVD.  
FT. MYERS, FL 33916 US

**New Principal Place of Business:**

**Current Mailing Address:**

3406 PALM BCH BLVD.  
FT. MYERS, FL 33916 US

**New Mailing Address:**

FEI Number: 59-1830162      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SUGGS, CATHY  
3406 PALM BCH BLVD.  
FT. MYERS, FL 33916 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: PD ( ) Delete  
Name: NAVEDO, CARLOS  
Address: 1921 JEFFERSON AVE  
City-St-Zip: FORT MYERS, FL 33901 US

Title: VD ( ) Delete  
Name: SIBLEY, JOHN  
Address: 108 2ND STREET  
City-St-Zip: FT MYERS, FL 339072409 US

Title: S ( ) Delete  
Name: HARRISON, BOBBY  
Address: 10731 SHARON DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: TD ( ) Delete  
Name: ALEJO, ROGER  
Address: 2480 THOMPSON ST  
City-St-Zip: FORT MYERS, FL 33902 US

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

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

Title: VD (X) Change ( ) Addition  
Name: CAMPBELL, SHERRI  
Address: 108 DONNINGTON CIRCLE  
City-St-Zip: FT MYERS, FL 339072409 US

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

Title: TD (X) Change ( ) Addition  
Name: MCINTIRE, EDWARD  
Address: 3406 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33902 US

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: CARLOS NAVEDO

PD

05/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date