

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000014

FILED
Mar 19, 2009
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 ()

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: CAMPBELL, SHERRI
Address: 108 DONNINGTON CIRCLE
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: MCINTIRE, EDWARD
Address: 3406 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33902 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, SHERRI
Address: 3943 HIDDEN ACRES CIRCLE S
City-St-Zip: N FORT MYERS, FL 33903 US

Title: TR (X) Change () Addition
Name: HAMMAN, SHARON
Address: 3903 4TH ST WEST
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: S (X) Change () Addition
Name: WUNDERLICH, SUSAN
Address: 15300 N. RIVER ROAD
City-St-Zip: ALVA, FL 33920 US

Title: M (X) Change () Addition
Name: SCHAFFER, LAUREN
Address: 17700 DEVORE
City-St-Zip: FORT MYERS, FL 33913 US

Title: M () Change (X) Addition
Name: CONNER, DOTTIE
Address: 5103 CALUSA CT.
City-St-Zip: CAPE CORAL, FL 33913 US

Title: M () Change (X) Addition
Name: CONNER, JIM
Address: 5103 CALUSA CT
City-St-Zip: CAPE CORAL, FL 33913 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: SHERRI CAMPBELL

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date