2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007522

1. Entity Name
SUSIE BREWER DESOTO COUNTY 4-H SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
PO BOX 310 ARCADIA, FL 34265-0310	PO BOX 310 ARCADIA, FL 34265-0310

01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0428143
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALDRON, JR., EUGENE E ESQUIRE
124 N BREVARD AVE
ARCADI, FL 34266

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000032883
03/19/04-80026-022 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MERCER, CARY M
STREET ADDRESS	4464 SE BROWN RD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DV
NAME	HOLLINGSWORTH, CLYDE
STREET ADDRESS	3-13 NW CTY LINE RD
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DT
NAME	SYMONS, PATSY C
STREET ADDRESS	PO BOX 2113
CITY-ST-ZIP	ARCADIA, FL 342652113
TITLE	S
NAME	CARLSON, CHRISTA L
STREET ADDRESS	PO BOX 310
CITY-ST-ZIP	ARCADIA, FL 342650310
TITLE	D
NAME	SMITH, DURWOOD
STREET ADDRESS	117 W MAGNOLIA ST
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	BURTSCHER, JOHN
STREET ADDRESS	3613 NW POULTRY RD
CITY-ST-ZIP	ARCADIA, FL 34266

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12. 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 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: Mary C Symons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #