

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 PO BOX 310 ARCADIA, FL 34265-0310	Mailing Address PO BOX 310 ARCADIA, FL 34265-0310
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

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 ARCADIA, FL 34266	
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**DO NOT WRITE
IN THIS SPACE**

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.

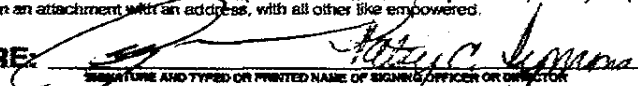
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000032883 03/19/04-80026-022 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERCER, CARY M 4464 SE BROWN RD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLLINGSWORTH, CLYDE 3-13 NW CTY LINE RD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SYMONS, PATSY C PO BOX 2113 ARCADIA, FL 342652113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLSON, CHRISTA L PO BOX 310 ARCADIA, FL 342650310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DURWOOD 117 W MAGNOLIA ST ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTSCHER, JOHN 3813 NW POULTRY RD 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 	DATE	Daytime Phone #
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