


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 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	



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0428193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

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	D SMITH, DURWOOD 117 W MAGNOLIA ST ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURTSCHER, JOHN 3613 NW POULTRY RD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000851390
03/09/07-80005-016 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-07 863
993-4846