

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007522

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

PO BOX 310
ARCADIA, FL 342650310

New Principal Place of Business:

2150 N.E. ROAN ST.
ARCADIA, FL 34266

Current Mailing Address:

PO BOX 310
ARCADIA, FL 342650310

New Mailing Address:

2150 N.W. ROAN ST.
ARCADIA, FL 34266 FL

FEI Number: 51-0428193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALDRON, JR., EUGENE E ESQUIRE
124 N BREVARD AVE
ARCADI, FL 34266 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: DP () Delete
Name: MERCER, CARY M
Address: 4464 SE BROWN RD
City-St-Zip: ARCADIA, FL 34266

Title: DV () Delete
Name: HOLLINGSWORTH, CLYDE
Address: 3-13 NW CTY LINE RD
City-St-Zip: ARCADIA, FL 34266

Title: DT () Delete
Name: SYMONS, PATSY C
Address: PO BOX 2113
City-St-Zip: ARCADIA, FL 342652113

Title: D () Delete
Name: SMITH, DURWOOD
Address: 117 W MAGNOLIA ST
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: BURTSCHER, JOHN
Address: 3613 NW POULTRY RD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: HOLLINGSWORTH, CLYDE
Address: 3013 NW COUNTY RD. 661A
City-St-Zip: ARCADIA, FL 34266

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

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

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

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: CARY MERCER

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date