

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004482

1. Entity Name
**PALM BEACH COUNTY 4-H AND EXTENSION
FOUNDATION, INC.**



Principal Place of Business
**559 N MILITARY TRAIL
W PALM BCH, FL 33415**

Mailing Address
**559 N MILITARY TRAIL
W PALM BCH, FL 33415**



02052004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1425058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUTCHESON, CLAYTON E
559 N MILITARY TRAIL
W PALM BCH, FL 33415**

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000089321
03/15/04-80088-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KLEIN, DIANE
3583 LIBBY CT
W PALM BCH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BOYER, GLADYS
12090 164 CT, NORTH
JUPITER FARMS, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KENNEDY, SUSAN
16343 JUPITER FARMS RD
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BROWN, RICHARD
16133 JUPITER FARMS RD
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Diane L. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2004

Date

Daytime Phone #

DIANE L. KLEIN, PRESIDENT