

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90112 038 ****61.25

DOCUMENT # N04000011571

1. Entity Name
**HILLSBOROUGH COUNTY 4-H YOUTH FOUNDATION,
INC.**



Principal Place of Business
**5339 SOUTH COUNTY ROAD 579
SEFFNER, FL 33584**

Mailing Address
**5339 SOUTH COUNTY ROAD 579
SEFFNER, FL 33584**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-NP

CR2E037 (11/05)

4. FEI Number
20-1466250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, HOLLY
5339 SOUTH COUNTY ROAD
SEFFNER, FL 33584**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Holly Jordan

3/10/06

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JORDAN, MARK
STREET ADDRESS 5415 SHAKESPEARE DRIVE
CITY-ST-ZIP DOVER, FL 33527

TITLE D ☒ Change ☐ Addition
NAME Mark Jordan
STREET ADDRESS 5415 Shakespeare Dr.
CITY-ST-ZIP Dover, FL 33527

TITLE SD ☒ Delete
NAME DENNIS, KAREN
STREET ADDRESS 1309 BELL SHOALS ROAD
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HUTCHESON, BRUCE
STREET ADDRESS 5569 PINE STREET
CITY-ST-ZIP SEFFNER, FL 33584

TITLE VD ☒ Change ☐ Addition
NAME Bruce Hutcheson
STREET ADDRESS 5569 Pine St.
CITY-ST-ZIP Seffner, FL 33584

TITLE D ☐ Delete
NAME HOLCOMB, GENE
STREET ADDRESS 905 GAMBIT PL.
CITY-ST-ZIP SEFFNER, FL 33584

TITLE TO ☒ Change ☐ Addition
NAME Gene Holcomb
STREET ADDRESS 905 Gambit Pl.
CITY-ST-ZIP Seffner, FL 33584

TITLE VD ☐ Delete
NAME CAMP, LAMAR
STREET ADDRESS 9513 HIGHLAND AVE
CITY-ST-ZIP TAMPA, FL 33621

TITLE PD ☒ Change ☐ Addition
NAME Lamar Camp
STREET ADDRESS 9513 Highland Ave
CITY-ST-ZIP Tampa, FL 33621

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Jemy Hinton
STREET ADDRESS 1610 N Taylor Rd
CITY-ST-ZIP BRANDON, FL 33510

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:

Lamar Camp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lamar Camp

3-10-06

932-8577

Date

Daytime Phone #