

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05189** (8)

1. Corporation Name

OSCEOLA COUNTY 4-H FOUNDATION, INC.



Principal Place of Business

**1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744**

Mailing Address

**1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744**

3. Date Incorporated or Qualified
09/17/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2482252

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILLIAMS, CHARLES
1901 E. IRLO BRONSON HWY.
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name

Cindy K. Moore

82

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

1901 E. Irlo Bronson Hwy.

83

84 City

Kissimmee

FL

85 Zip Code

34744

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Cindy K. Moore

Cindy K. Moore 4-H Coordinator

4/18/96

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLE, JAMES D	
STREET ADDRESS	1901 E. IRLO BRONSON HWY	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICKENSON, PENNY D	
STREET ADDRESS	1901 E. IRLO BRONSON HWY.	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TELTSCHIK, JANE	
STREET ADDRESS	1901 E. IRLO BRONSON HWY.	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	MOSES, NANCY T	
STREET ADDRESS	1901 E. IRLO BRONSON HWY.	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	BMT	<input type="checkbox"/> DELETE
NAME	SHANE, PLATT	
STREET ADDRESS	4275 ALBRITTON RD	
CITY - ST - ZIP	ST CLOUD FL	
TITLE	BMD	<input type="checkbox"/> DELETE
NAME	KELLEY, SUSAN	
STREET ADDRESS	4900 KELLEY LANE	
CITY - ST - ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nancy Masannat	
1.3 STREET ADDRESS	2346 S. Conway Road Apt. K	
1.4 CITY - ST - ZIP	Orlando, FL 32812	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jane Teltschik	
2.3 STREET ADDRESS	542 Floral Drive	
2.4 CITY - ST - ZIP	Kissimmee, FL 34743	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clemie Jo Lamb	
3.3 STREET ADDRESS	4125 Reaves Road	
3.4 CITY - ST - ZIP	Kissimmee, FL 34746	
4.1 TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ann Coffey	
4.3 STREET ADDRESS	1901 E. Irlo Bronson Hwy.	
4.4 CITY - ST - ZIP	Kissimmee, FL 34744	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ginger Clayton	
6.3 STREET ADDRESS	P.O. Box 190	
6.4 CITY - ST - ZIP	Kenansville, FL 34739-0190	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann Coffey

Ann Coffey

4/18/96 (407)846-4181

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (12/95)