

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1901 E. IRLO BRONSON HWY
KISSIMMEE FL 347441901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744-4413

3. Date Incorporated or Qualified

09/17/1984

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2482252

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CINDY K. MOORE
1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME NANCY MASANNAT
STREET ADDRESS 2346 S. CONWAY RD. APT.
CITY-ST-ZIP ORLANDO FLTITLE VD ☐ DELETENAME JANE TELTSCHIK
STREET ADDRESS 542 FLORAL DR.
CITY-ST-ZIP KISSIMMEE FLTITLE SD ☐ DELETENAME CLEMIE JO LAMB
STREET ADDRESS 4125 REAVES RD.
CITY-ST-ZIP KISSIMMEE FLTITLE TT ☐ DELETENAME ANN COFFEY
STREET ADDRESS 1901 E. IRLO BRONSON HWY.
CITY-ST-ZIP KISSIMMEE FLTITLE BMT ☐ DELETENAME SHANE, PLATT
STREET ADDRESS 4275 ALBRITTON RD
CITY-ST-ZIP ST CLOUD FLTITLE BMD ☐ DELETENAME GINGER CLAYTON
STREET ADDRESS PO BOX 190
CITY-ST-ZIP KENASVILLE FL1.1 TITLE PD ☒ Change ☐ Addition1.2 NAME Jane Teltschik
1.3 STREET ADDRESS 542 Floral Drive
1.4 CITY-ST-ZIP Kissimmee, FL. 347432.1 TITLE VD ☒ Change ☐ Addition2.2 NAME Penny Dickerson
2.3 STREET ADDRESS 102 N. Clyde Ave.
2.4 CITY-ST-ZIP Kissimmee, FL. 347463.1 TITLE SD ☒ Change ☐ Addition3.2 NAME Ginger Clayton
3.3 STREET ADDRESS P.O. Box 190 NA
3.4 CITY-ST-ZIP Kenansville, FL. 34739-01904.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE BMT ☒ Change ☐ Addition5.2 NAME Clemie Jo Lamb
5.3 STREET ADDRESS 4125 Reaves Road
5.4 CITY-ST-ZIP Kissimmee, FL. 347466.1 TITLE BMD ☒ Change ☐ Addition6.2 NAME Mary Beth Salisbury
6.3 STREET ADDRESS 1901 E. Irlo Bronson Hwy.
6.4 CITY-ST-ZIP Kissimmee, FL. 34744

14. I do 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 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

CR2E037 (9/96)