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Jul 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744

1901 E. IRLO BRONSON HWY
KISSIMMEE FL 34744



3. Date Incorporated or Qualified

09/17/1984

4. FEI Number

59-2482252

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 Cindy K. Moore

6/23/98

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
NAME TELTSCHIK, JANE
STREET ADDRESS 642 FLORAL DR
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME DICKERSON, PENNY
STREET ADDRESS 102 N CLYDE AVE
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE BMT
NAME CLEMIE JO LAMB
STREET ADDRESS 4125 REAVES RD.
CITY-ST-ZIP KISSIMMEE FL ☒ DELETE

3.1 TITLE Terry Lanier
3.2 NAME 1930 Ham Brown Road
3.3 STREET ADDRESS Kissimmee, Fl. 34746
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE TT
NAME ANN COFFEY
STREET ADDRESS 1901 E. IRLO BRONSON HWY.
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE BMD
NAME SALISBURY, MARY BETH
STREET ADDRESS 4125 REAVES RD
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD
NAME GINGER CLAYTON
STREET ADDRESS PO BOX 190 N/A
CITY-ST-ZIP KENASVILLE FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

6/23/98

CR2E037 (10/97)