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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05189

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/17/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2482252	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		
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
				85	Zip Code
				FL	
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 <i>Cindy K. Moore</i>				DATE 4-19-99	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	TELTSCHEIK, JANE				
STREET ADDRESS	542 FLORAL DR				
CITY-ST-ZIP	KISSIMMEE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	DICKERSON, PENNY				
STREET ADDRESS	102 N CLYDE AVE				
CITY-ST-ZIP	KISSIMMEE FL				
TITLE	BMT	<input type="checkbox"/> DELETE			
NAME	LANIER, TERRY				
STREET ADDRESS	1930 HAM BROWN RD				
CITY-ST-ZIP	KISSIMMEE FL 34746				
TITLE	TT	<input type="checkbox"/> DELETE			
NAME	ANN COFFEY				
STREET ADDRESS	1901 E. IRLO BRONSON HWY.				
CITY-ST-ZIP	KISSIMMEE FL				
TITLE	BMD	<input type="checkbox"/> DELETE			
NAME	SALISBURY, MARY BETH				
STREET ADDRESS	4125 REAVES RD				
CITY-ST-ZIP	KISSIMMEE FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GINGER CLAYTON				
STREET ADDRESS	P.O. BOX 190 N/A				
CITY-ST-ZIP	KENASVILLE 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	Best, Karen				
1.3 STREET ADDRESS	2 Stirrup Court				
1.4 CITY-ST-ZIP	Kissimmee, FL. 34744				
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Jill Luthie				
2.3 STREET ADDRESS	4760 Hidden Lane				
2.4 CITY-ST-ZIP	St. Cloud, FL. 34772				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	Cliff Brooks				
5.3 STREET ADDRESS	3550 Green Acres Road				
5.4 CITY-ST-ZIP	St. Cloud, FL. 34772				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/19/99 407/846/4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #