


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90117 005 ****61.25

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|--|---|---|---|--|--|
| DOCUMENT # N05189 1. Entity Name OSCEOLA COUNTY 4-H FOUNDATION, INC. | | | |  | |
| Principal Place of Business 1921 KISSIMMEE VALLEY LANE KISSIMMEE, FL 34744 | | | Mailing Address 1921 KISSIMMEE VALLEY LANE KISSIMMEE, FL 34744 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BORGMAN, JOY A 1921 KISSIMMEE VALLEY LANE KISSIMMEE, FL 34744 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="text-align: right;">DATE _____</div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| <div style="text-align: right;"> Make check payable to Florida Department of State </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRUTCHFIELD, SUSAN 1502B VILLAGE OAK LANE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Eileen Blanco 303 Colonade Ct. Kissimmee, FL 34758 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, BROOKE 4375 DEER RUN RD SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Josephine Santiago 817 Bill Beck Blvd. Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTENSEN, ROBERT 5130 HARKLEY RUYAN ROAD SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Carstensen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BROOKS, CLIFF 3550 GREEN ACRES RD ST CLOUD, FL 34772 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dana Schafer 817 Bill Beck Blvd Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KIRKENDALL, KAREN 2522 HIGHLAND AVE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mary Beth Salisbury 1921 Kissimmee Valley Ln. Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HUNT, LORETTA 2450 CYPRESS LANE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sue Carstensen 5130 Harkley Runyan Rd. St. Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| 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: <i>Loretta M. Hunt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4-22-08 | | 321-697-3000 <small>Daytime Phone #</small> | |

ATTACHMENT

LBL 4-H Foundation Members
2007-2008
Rev. 11/21/07

40080273
#N05189

Cliff Brooks, President
3550 Green Acres Rd.
St. Cloud, FL 34772

Karen Kirkendall, Vice-President
2522 Highlands Ave.
Kissimmee, FL 34741

Loretta Hunt, Treasurer
2450 Cypress Ln
Kissimmee, FL 34746

Calvin Anderson
1850 Palmetto Dr.
Kissimmee, FL 34744

Eileen Blanco, Secretary
303 Colonade Ct.
Kissimmee, FL 34758

Robert Carstensen
5130 Harkley Runyan Rd.
St. Cloud, FL 34771

Sue Carstensen
5130 Harkley Runyan Rd.
St. Cloud, FL 34771

Brooke Davis
4375 Deer Run Rd.
St. Cloud, FL 34772

Mary Beth Salisbury
County Extension Director
1921 Kissimmee Valley Lane
Kissimmee, FL 34744

Josephine Santiago
817 Bill Beck Blvd.
Kissimmee, FL 34744

Dana Schafer
817 Bill Beck Blvd.
Kissimmee, FL 34744