2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N05189

Entity Name: OSCEOLA COUNTY 4-H FOUNDATION, INC.

Current Principal Place of Business:

1921 KISSIMMEE VALLEY LANE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1921 KISSIMMEE VALLEY LANE
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-2482252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORGMAN, JOY A
1921 KISSIMMEE VALLEY LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

HENRY, KAREN E
1921 KISSIMMEE VALLEY LANE
KISSIMMEE, FL 34744 US

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.

SIGNATURE: KAREN E. HENRY 01/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: BLANCO, EILEEN
Address: 303 COLANADE CT
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: DAVIS, BROOKE
Address: 4375 DEER RUN RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D ( ) Delete
Name: CARSTENSEN, ROBERT
Address: 5130 HARKLEY RUYAN ROAD
City-St-Zip: SAINT CLOUD, FL 34771

Title: D ( ) Delete
Name: SCHAFER, DANA
Address: 817 BILL BECK BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: VD ( ) Delete
Name: KIRKENDALL, KAREN
Address: 2522 HIGHLAND AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: TD ( ) Delete
Name: HUNT, LORETTA
Address: 2450 CYPRESS LANE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: BROOKS, CLIFFORD
Address: 3550 GREEN ACRES ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA M. HUNT TD 01/05/2009
Electronic Signature of Signing Officer or Director Date