

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90759 046 \*\*\*\*61.25

**DOCUMENT # N05189**

1. Entity 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  
**1921 Kissimmee Valley Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**1921 Kissimmee Valley Lane**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number <b>59-2482252</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CINDY K. MOORE 1901 E. IRLO BRONSON HWY KISSIMMEE FL 34744</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1921 Kissimmee Valley Lane</b> City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUTHE, JILL 4760 HIDDEN LANE SAINT CLOUD FL 34772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOSTER, DON 5385 HANSOM ROAD SAINT CLOUD FL 34771</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANIER, TERRY 1930 HAM BROWN RD KISSIMMEE FL 34746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CLARK, CATHY 4724 LAKESHORE DR SAINT CLOUD FL 34772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROOKS, CLIFF 3550 GREEN ACRES RD ST CLOUD FL 34772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BEST, KAREN 4370 MILDRED BASS ROAD SAINT CLOUD FL 34772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Loretta M. Hunt* **Loretta M. Hunt** 4/11/03 (321)697-3000

CR2E037 (10/02)

Attachment  
Doc # N05189

**2002/2003 OSCEOLA COUNTY  
4-H FOUNDATION OFFICERS & DIRECTORS**

**P/D**

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

**D**

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

**V/D**

Karen Best  
4370 Mildred Bass Road  
St. Cloud, Fl. 34772

**D**

Kim Grieb  
4865 Lake Shore Dr  
St. Cloud, FL 34772

**D**

~~Bill Hawkins~~  
St. Cloud Texaco  
3551 13<sup>th</sup> Street  
St. Cloud, FL 34769

**S/D**

Cathy Clark  
4724 Lakeshore Dr.  
St. Cloud, Fl. 34772

**D**

Terry Lanier  
1930 Ham Brown Rd.  
Kissimmee, FL. 34746

**D**

Jill Luthie  
4760 Hidden Lane  
St. Cloud, Fl. 34771

**T/D**

Loretta Hunt  
2400 Cypress Lane  
Kissimmee, Fl. 34746

**D**

Mary Beth Salisbury  
1921 Kissimmee Valley Lane  
Kissimmee, FL 34744

**MEMBERS**

**D**

Rick Best  
4370 Mildred Bass Road  
St. Cloud, FL. 34772

**D**

Sheri Thompson  
3305 Harbor Rd  
Kissimmee, FL 34746

**D**

Ginger Clayton  
1400 S. Bow St.  
P.O. Box 190  
Kenansville, Fl. 34739-0190

**D**

~~Rayelynn Woeste~~  
Stewart Approved Title  
1401 Budinger Ave.  
St. Cloud, FL 34769

**D**

Denise Collins  
7225 Old Melbourne Hwy.  
St. Cloud, FL 34771

**D**

Susan Crutchfield  
3163 N. Orange Blossom Tr.  
Kissimmee, FL 34744

rev. 11/21/02