

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001856

FILED  
Aug 24, 2009  
Secretary of State

Entity Name: SANTA ROSA 4-H FOUNDATION, INC.

**Current Principal Place of Business:**

6263 DOGWOOD DRIVE  
MILTON, FL 325703500

**New Principal Place of Business:**

**Current Mailing Address:**

6263 DOGWOOD DRIVE  
MILTON, FL 325703500

**New Mailing Address:**

FEI Number: 27-0615944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LINDSAY, JR., ALLEN W  
5218 WILLING STREET  
MILTON, FL 32570      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: THAMES, GALE H  
Address: 6035 TANGLEWOOD DRIVE  
City-St-Zip: MILTON, FL 32570

Title: VP      ( ) Delete  
Name: OSER, KENNETH L  
Address: 5852 HERMITAGE CIRCLE  
City-St-Zip: MILTON, FL 32570

Title: DS      ( ) Delete  
Name: LINDSAY, JR., ALLEN W  
Address: 5218 WILLING STREET  
City-St-Zip: MILTON, FL 32570

Title: DT      ( ) Delete  
Name: DUCKER, JOHN  
Address: 6825 OAK STREET  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOHN DUCKER

TREA

08/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date