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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Citrus County 4-H Association, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Amy Duncan & Hal Porter  
Name (Printed or typed)

3650 W Sovereign Path, STE #1  
Address

Lecanto, FL 34461  
City, State & Zip

352-527-5712  
Daytime Telephone number

amy.duncan@bocc.citrus.fl.us  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

for  
**Citrus County 4-H Association, Inc.**

**Article I: Name**

The name of the organization is the **Citrus County 4-H Association, Inc.**, herein after referred to as the "Association." This Association is an affiliate of the Florida 4-H Association, Inc. (State Association) and is to be operated exclusively for educational and charitable purposes.

**ARTICLE II – PRINCIPAL OFFICE**

The initial street address of the principal office of this Association is **3650 West Sovereign Path, Ste. #1, Lecanto, FL 34461**. The Association Membership may from time to time move the principal office to any other address in Florida.

**ARTICLE IV - PURPOSE**

The specific purposes for which this Association is organized is as follows:

**Section 1.** The primary purpose for which this Association is formed is to promote the educational objectives of the Florida 4-H Youth Development Program, under direction of the Florida Cooperative Extension Service, University of Florida; to foster mental, physical, social, and all other aspects of youth development; to support Extension programs in the interest of youth as the Association Membership of the Association may deem appropriate, to do any and all things necessary and proper for the accomplishment of the objectives enumerated in its Articles of Association, or necessary or incidental to benefit and protection of the Association.

**Section 2.** Other purposes for which this Association is formed are: to do all the acts and things, and business in any manner connected with the objects or purposes or powers of the Association or calculated directly or indirectly to promote the interests, objectives, and ideals of the organization, and in addition, to have and exercise all rights, powers and privileges now or hereafter belonging to or conferred upon non-profit organizations existing under the laws of the State of Florida. None of the property or the income from the Association shall inure to the benefit of any officer, director or member of the Association.

**Section 3.** The foregoing statement of purpose or purposes shall be construed as a statement of both purpose and powers and the purposes and powers in each clause shall, except were otherwise expressed, be in no ways limited or restricted by reference to or inference from the terms of provisions of any other clause, but shall be regarded as independent purposes and powers.

## **ARTICLE V - MEMBERSHIP**

**Section 1, GENERAL.** Membership in the Association shall be open to all persons regardless of race, creed, color, religion, national origin, gender, disability or sexual orientation. The Association shall adopt the current University of Florida Equal Opportunity statement.

**Section 2, NUMBER.** There shall be at least five (5) members of the Association. A maximum number of members may be determined from time to time by the Association Membership, as set forth in the Bylaws of said Association.

**Section 3, APPOINTMENT.** All members serve at the pleasure of the County 4-H Extension Agent(s). Members may be appointed or excused annually, or from time to time, at the discretion of the County 4H Extension Agent.

**Section 4, EX OFFICIO.** The County 4-H Extension Agent(s) shall be an ex officio member of the Association.

## **ARTICLE VI – OFFICERS**

**Section 1, GENERAL.** The Bylaws of said Association shall define the duties of the Officers of the Association; and that the manner of election and term of office the Officers of the Association shall be as set forth in the Bylaws of the Association.

**Section 2. ELECTIONS.** The Association Membership, their nominations, election or appointment, installation of election or appointment, power and authority shall be in accordance with the provisions of the Bylaws of this Association.

**Section 3. OFFICERS.** The Association shall have the following officers: Chairperson, Vice-Chairperson, Treasurer, and Secretary.

**Section 4, Qualifications.** The Chairperson, Vice-Chairperson, Treasurer, and Secretary must be members of the Association. The qualifications, manner and time of selection, duties, and responsibilities of said officers shall be published in the Bylaws. The Association may elect other officers as deemed necessary and beneficial.

APPROVED  
AND  
FILED

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**ARTICLE VII – INITIAL OFFICERS**

**President**

Hal Porter  
Po Box 254  
Inverness, FL 34451

**Vice President**

Wayne Sessa  
60 New Florida Ave  
Beverly Hills, FL 34465

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Secretary**

Shelby Jordan  
584 East Jenkins Ct  
Hernando, FL 34442

**Treasurer**

Robert Iverson  
PO Box 2015  
Inverness, FL 34451

**Assistant Treasurer**

Gail Jenkins  
5929 S Rovon PT  
Lecanto, FL 34461

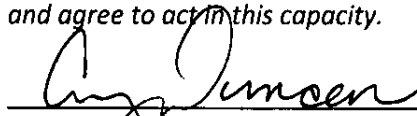
**ARTICLE VIII – Registered Agent**

Amy Duncan  
Citrus County 4-H Agent  
3650 W Sovereign path, STE #1  
Lecanto, FL

**ARTICLE IX – Incorporator**

Hal Porter  
Po Box 254  
Inverness, FL 34451

*Having been named as registered agent to accept service process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature of Registered Agent

12-13-11  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Signature of Incorporator

12-13-11  
Date