

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000011579

**FILED**  
**Nov 04, 2014**  
**Secretary of State**

**Entity Name:** CITRUS COUNTY 4-H ASSOCIATION, INC.

**Current Principal Place of Business:**

3650 WEST SOVEREIGN PATH, SET. #1  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

3650 WEST SOVEREIGN PATH, SET. #1  
LECANTO, FL 34461

**New Mailing Address:**

**FEI Number:** 45-3450641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNCAN, AMY  
3650 WEST SOVEREIGN PATH, SET. #1  
LECANTO, FL 34461 US

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

WARD, MARNIE  
3650 WEST SOVEREIGN PATH, SET. #1  
LECANTO, FL 34461 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: MARNIE WARD

11/04/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PORTER, HAL  
Address: PO BOX 254  
City-St-Zip: INVERNESS, FL 34451

Title: S  
Name: JORDAN, SHELBY  
Address: 584 EAST JENKINS CT  
City-St-Zip: HERNANDO, FL 34442

Title: VV  
Name: SESSA, WAYNE  
Address: 30 NEW FLORIDA AVENUE  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T  
Name: IVERSON, ROBERT  
Address: PO BOX 2015  
City-St-Zip: IVERNESS, FL 34451

I hereby 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 all other like empowered.

SIGNATURE: BOB IVERSON

T

11/04/2014

Electronic Signature of Signing Officer or Director

Date