

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N12578

1. Entity Name
MADISON COUNTY 4-H FOUNDATION, INC.



Principal Place of Business

**C/O DIANN DOUGLAS
902 COLLEGE DRIVE
MADISON, FL 32340 US**

Mailing Address

**C/O DIANN DOUGLAS
902 COLLEGE DRIVE
MADISON, FL 32340 US**



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2605873

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOUGLAS, DIANN
902 COLLEGE DRIVE
MADISON, FL 32340**

**DO NOT WRITE
IN THIS SPACE**

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

Diann Douglas

Signature, typed or printed name of registered agent and filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUCHANAN, BOBBY J
STREET ADDRESS NFCC 1000 TURNER DAVIS DRIVE
CITY-ST-ZIP MADISON, FL 32340

TITLE SD
NAME WEBB, MARY A
STREET ADDRESS P.O. BOX 199
CITY-ST-ZIP PINETTA, FL 32350

TITLE VD
NAME DAY, LUCILLE
STREET ADDRESS P.O. BOX 55
CITY-ST-ZIP GREENVILLE, FL 32331

TITLE TD
NAME AGNER, PAT
STREET ADDRESS 4572 NE CR 255
CITY-ST-ZIP LEE, FL 32059

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/18/06-4911235
01/24/06-80003-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Pat Agner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1/13/06 850 973-2277