


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90122 027 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 184 NW College Loop Suite, Apt. #, etc.			3. Mailing Address 184 NW College Loop Suite, Apt. #, etc.		
City & State Madison, Florida Zip Country 32340 US			City & State Madison, Florida Zip Country 32340 US		
4. FEI Number 59-2605873			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DOUGLAS, DIANN 902 COLLEGE DRIVE MADISON, FL 32340			7. Name and Address of New Registered Agent Name DOUGLAS, DIANN Street Address (P.O. Box Number is Not Acceptable) 184 NW College Loop City Madison FL Zip Code 32340		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BUCHANAN, BOBBY J NFCC 1000 TURNER DAVIS DRIVE MADISON, FL 32340	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, ALFRED PO BOX 264 MADISON, FL 32340	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBB, MARY A P.O. BOX 199 PINETTA, FL 32350	<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	VD DAY, LUCILLE P.O. BOX 55 GREENVILLE, FL 32331	<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	TD AGNER, PAT 4572 NE CR 255 LEE, FL 32059	<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	<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	<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 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: <i>Patricia Agner</i>			7/12/07 (850)973-2277		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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