

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12578

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

184 NW COLLEGE LOOP
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

184 NW COLLEGE LOOP
MADISON, FL 32340 US

New Mailing Address:

FEI Number: 59-2605873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, DIANN
184 NW COLLEGE LOOP
MADISON, FL 32340 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: VD () Delete
Name: DAY, LUCILLE
Address: P.O. BOX 55
City-St-Zip: GREENVILLE, FL 32331

Title: TD () Delete
Name: AGNER, PAT
Address: 4572 NE CR 255
City-St-Zip: LEE, FL 32059

Title: PD () Delete
Name: MARTIN, ALFRED
Address: PO BOX 264
City-St-Zip: MADISON, FL 32340

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: AGNER, PAT
Address: 4572 NE CR 255
City-St-Zip: LEE, FL 32059

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: MULKEY, AMELIA
Address: 2173 NE ROCKY SPRINGS CHURCH ROAD
City-St-Zip: MADISON, FL 32340

Title: O () Change (X) Addition
Name: JOHNSON, HEATHER
Address: 184 NW COLLEGE LOOP
City-St-Zip: MADISON, FL 32340

Title: O () Change (X) Addition
Name: DOUGLAS, DIANN
Address: 184 NW COLLEGE LOOP
City-St-Zip: MADISON, FL 32340

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: DIANN DOUGLAS

O

01/07/2009

Electronic Signature of Signing Officer or Director

Date