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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:14

DOCUMENT # **N14141** **(8)**

1. Corporation Name

CITRUS COUNTY 4-H CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
% HANK BAGGETT 3600 S. FLORIDA AVE. INVERNESS FL 34450 US	% HANK BAGGETT 3600 S. FLORIDA AVE. INVERNESS FL 34450 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1986
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2914413 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Welch
~~ALLENBRANDT~~, DOROTHY L.
3600 S. FLORIDA AVENUE
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name: Dorothy L. Welch
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dorothy L. Welch — DATE: 4-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MCKETTRICK, LORI	12 NAME	
STREET ADDRESS	4170 N. COWPOKE PT	13 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JOHN	22 NAME	
STREET ADDRESS	6091 S. PLEASANT GROVE RD	23 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HUNT, SONNY	32 NAME	
STREET ADDRESS	9730 E REGENCY ROW	33 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, CANDY	42 NAME	
STREET ADDRESS	12219 S ISTACHATTA	43 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HUGHES, JAMES	52 NAME	
STREET ADDRESS	1007 MAIN ST	53 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34452	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	KENDRICK, FAITH	62 NAME	
STREET ADDRESS	7804 E FT COOPER RD	63 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lori McKettrick — 4/5/95 — 904-726-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084841