

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
03/28/1986

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2914413

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELCH, DOROTHY L.
3600 S. FLORIDA AVENUE
INVERNESS FL 34450**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Dorothy L. Welch

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-19-96

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MCKETTRICK, LORI**
STREET ADDRESS **4170 N. COWPOKE PT**
CITY-ST-ZIP **HERNANDO FL 34442**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **THOMAS, JOHN**
STREET ADDRESS **6091 S. PLEASANT GROVE RD**
CITY-ST-ZIP **INVERNESS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HUNT, SONNY**
STREET ADDRESS **9730 E REGENCY ROW**
CITY-ST-ZIP **INVERNESS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **NEWMAN, CANDY**
STREET ADDRESS **12219 S ISTACHATTA**
CITY-ST-ZIP **FLORAL CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HUGHES, JAMES**
STREET ADDRESS **1007 MAIN ST**
CITY-ST-ZIP **INVERNESS FL 34452**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **KENDRICK, FAITH**
STREET ADDRESS **7804 E FT COOPER RD**
CITY-ST-ZIP **INVERNESS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/18/96

DATE

(352) 726-2141

DAYTIME PHONE #

CR2E037 (12/95)