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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra W. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14141** (8)

1. Corporation Name

CITRUS COUNTY 4-H CLUB FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3600 S FLORIDA AVE
INVERNESS FL 34450
US**

**3600 S FLORIDA AVE
INVERNESS FL 34450-7355
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1986		3a. Date of Last Report 04/24/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2914413		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 (NOTE: Registered Agent signature required when reinstating) DATE 4-15-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKETRICK, LORI	1.2 NAME	
STREET ADDRESS	4170 N. COWPOKE PT	1.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO FL 34442	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOHN	2.2 NAME	Thomas, John
STREET ADDRESS	6091 S. PLEASANT GROVE RD	2.3 STREET ADDRESS	6091 S. Pleasant Grove Rd.
CITY - ST - ZIP	INVERNESS FL	2.4 CITY - ST - ZIP	Inverness FL 34452
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, SONNY	3.2 NAME	Smith, Tomi
STREET ADDRESS	9730 E REGENCY ROW	3.3 STREET ADDRESS	2709 N Bucknell Ter
CITY - ST - ZIP	INVERNESS FL	3.4 CITY - ST - ZIP	Hernando FL 34442
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, CANDY	4.2 NAME	Newman, Candy
STREET ADDRESS	12219 S ISTACHATTA	4.3 STREET ADDRESS	1166 S. Hillock Ter
CITY - ST - ZIP	FLORAL CITY FL	4.4 CITY - ST - ZIP	Inverness FL 34452
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, JAMES	5.2 NAME	Porter, Hal
STREET ADDRESS	1007 MAIN ST	5.3 STREET ADDRESS	1112 Hillside Ct
CITY - ST - ZIP	INVERNESS FL 34452	5.4 CITY - ST - ZIP	Inverness FL 34451
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDRICK, FAITH	6.2 NAME	Kendrick, Faith
STREET ADDRESS	7804 E FT COOPER RD	6.3 STREET ADDRESS	8950 E Devils Neck
CITY - ST - ZIP	INVERNESS FL	6.4 CITY - ST - ZIP	Inverness FL 34451

14. I do hereby certify that the information supplied with this filing 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: Dorothy L. Welch 4-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065322

CR2E037 (9/96)