

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90140 001 ****61.25

DOCUMENT # N14141

1. Corporation Name

CITRUS COUNTY 4-H CLUB FOUNDATION, INC.

Principal Place of Business

3600 S FLORIDA AVE
INVERNESS FL 34450
US

Mailing Address

3600 S FLORIDA AVE
INVERNESS FL 34450
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/28/1986

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE S ☐ DELETE
NAME BAGGETT, HANK
STREET ADDRESS 11138 E. BUSHNELL RD
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE D ☒ DELETE
NAME NEWMAN, CANDY
STREET ADDRESS 1166 S HILLOCK TER
CITY-ST-ZIP INVERNESS FL

TITLE D ☐ DELETE
NAME PORTER, HAL
STREET ADDRESS 1112 HILLSIDE CT
CITY-ST-ZIP INVERNESS FL

TITLE T ☒ DELETE
NAME KENDRICK, FAITH
STREET ADDRESS 8950 E DEVILS NECK
CITY-ST-ZIP INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☒ Addition
1.2 NAME Langley, Wilbur
1.3 STREET ADDRESS 1065 S. Lecanto Hwy.
1.4 CITY-ST-ZIP Lecanto FL 34461 ☐ Change ☐ Addition

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

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

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Lori McKettrick
4.3 STREET ADDRESS 4170 N. Cowpoke Pt.
4.4 CITY-ST-ZIP Hernando, FL 34442 ☐ Change ☐ Addition

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

6.1 TITLE T ☒ Change ☐ Addition
6.2 NAME Marlene Law
6.3 STREET ADDRESS 1367 N Balko Path
6.4 CITY-ST-ZIP Lecanto FL 34461

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-20-1999

352-786-2141

CR2E037 (11/98)