2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

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DOCUMENT # N14141 1. Entity Name CITRUS COUNTY 4-H CLUB FOUNDATION, INC.					05-02-200	06 90219 0:	39 ****6	1.25
3600 S FLORIDA AVE 36		Mailing Address 3600 S FLORIDA AVE INVERNESS, FL 34450	3600 S FLORIDA AVE		I INDIIIUI ANA INSI ARRAI II RIF ANDRI		I BIBU BIBU BIBU	* 1
2. Principal Place of Business 3.550 W Sovereign Path		3. Mailing Address 3650 W Sovereign Path						
Suite, Apt. #, etc. Suite #1		Suite, Apt. #, etc. Suite #1			04212006 Chg-NP	CR2E037	7 (11/05)	
City & State Lecanto, FL		City & State Lecanto,FL			4. FEI Number 59-2914413			plied For t Applicable
Zip 344	61 Country USA	^{Zip} 34461	Country US	SA	5. Certificate of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New	Registered A	gent	
DUNCAN, AMY H			Name	Name Amy Duncan				
	ORIDA AVENUE SS, FL 34450			P.O. Box Number is Not Acceptab	ole)			
;					Sovereign Path #1		Zin Code	
8. The above gather entity submits this statement for the purpose of changing its region.			City L			FL Lam to	Zip Code 3446	
8. 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. I am familiar with, and accept the obligations of registered agent.							and accept	
SIGNATURE HMY Duncan Umy Vincan 4/21/06								
SIGNATURE -	HMY Dunca	n \mathcal{U}	my Vi	m	con 9/2	1104		
SIGNATURE -	Hmy Dune A Signature, lyped or printed name of registered agent	and title if applicable. (NOTE: F	My 1/L Registerer Agent signatur	Mu ire required	COV 9/2 when reinstating)	DATE		
SIGNATURE -	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title if applicable. (NOTE: F	paign Financing		\$5.00 May Be	DATE Make check orida Departi		
SIGNATURE -	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Make check orida Departi	ment of Sta	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prone #