


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90219 039 ****61.25

DOCUMENT # N14141 1. Entity 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 3650 W Sovereign Path		3. Mailing Address 3650 W Sovereign Path			
Suite, Apt. #, etc. Suite #1		Suite, Apt. #, etc. Suite #1			
City & State Lecanto, FL		City & State Lecanto, FL			
Zip 34461 Country USA		Zip 34461 Country USA		4. FEI Number 59-2914413	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNCAN, AMY H 3600 S. FLORIDA AVENUE INVERNESS, FL 34450			7. Name and Address of New Registered Agent Name Amy Duncan Street Address (P.O. Box Number is Not Acceptable) 3650 W Sovereign Path #1 City Lecanto FL Zip Code 34461		
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. SIGNATURE <u>Amy Duncan</u> <u>Amy Duncan</u> <u>4/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, ROBERT 10175 S PLYMOUTH TRAIL HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Porter, Hal 1112 Hillside Ct, Inverness, FL 34451 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTER, HAL 1112 HILLSIDE COURT INVERNESS, FL 34451 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sessa, Wayne 60 NEW Florida Ave, Beverly Hills, FL 34465 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBERT, JESSICA 203 S LEE ST BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKETTRICK, LORI 4170 N COWPOKE PT HERNANDO, FL 34442 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, HAL 1112 HILLSIDE CT INVERNESS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAW, MARLENE 1367 N BALKO PATH LECANTO, FL 34461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Lori McKettrick</u> <u>Lori McKettrick</u> <u>4/24/06</u> <u>352-726-1911</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					