

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14141

FILED
Feb 18, 2009
Secretary of State

Entity Name: CITRUS COUNTY 4-H CLUB FOUNDATION, INC.

Current Principal Place of Business:

3650 WEST SOVEREIGN PATH
SUITE 1
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

3650 WEST SOVEREIGN PATH
SUITE 1
LECANTO, FL 34461 US

New Mailing Address:

FEI Number: 59-2914413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, AMY H
3650 WEST SOVEREIGN PATH
SUITE 1
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PORTER, HAL
Address: 1112 HILLSIDE CT
City-St-Zip: INVERNESS, FL 34451

Title: VP () Delete
Name: SESSA, WAYNE
Address: 60 NEW FLORIDA AVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S () Delete
Name: LAW, MARLENE
Address: 1367 N. BALKO PATH
City-St-Zip: LECANTO, FL 34461

Title: T () Delete
Name: IVERSON, BOB
Address: 6155 S MERRYLAKE PT.
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL PORTER

MR.

02/18/2009

Electronic Signature of Signing Officer or Director

Date