2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED Feb 28, 2005 8:00 am Secretary of State

☐ Addition

☐ Change

| ESCAMB | MENT # N PIA COUNTY | 4-H FOUNDATIO | ON, INC. | | |)2-28-2005 9018 | 55 03901 | 1.23 | |
|---|--|---|---|--|---|--|--|--------------------------------|--|
| 3740 STEFA | | US | Mailing Address 3740 STEFANI RD CANTONMENT, FL 329 | | | 40023002 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02112005 C | hg-NP CR | 2E037 (10/03) | | | |
| City & State | | | City & State | | 4. FEI Number 59-304136 | 62 | | oplied For ot Applicable | |
| - Zip | | Country | Zip | Country | 5. Certificate of S | | \$9.75 Ad | itional | |
| | 6. Name and | Address of Current Re | egistered Agent | <u> </u> | 7. Name and Add | dress of New Registe | ered Agent | | |
| FULLOTE DOCED M | | | | Name | | | | | |
| ELLIOTT, ROGER M 3740 STEFANI ROAD CANTONMENT, FL 32533 | | | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | |
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| | | | | | | | | | |
| | | | | City | | | FL Zip Cod | e | |
| | | | | | | | | and accent | |
| SIGNATURE | | | | | registered agent, or both, in | | DATE | and accept | |
| | | agent. ted name of registered agent and | d title if applicable. (NO) 9. Election Ca | TE: Registered Agent signatu | | n Make c | | o | |
| SIGNATURE | Signature, typed or print Filling Fee is Due by May | agent. ted name of registered agent and | d title if applicable. (NOT 9. Election Ca Trust Fund | TE: Registered Agent signatu | \$5.00 May Be Added to Fees ADDITIONS/CHANG | n Make c | check payable to epartment of SI | o tate | |
| SIGNATURE 10. | Signature, typed or print Filling Fee is Due by May | agent. ted name of registered agent and \$61.25 1, 2005 OFFICERS AND DIRE | d title if applicable. (NOT 9. Election Ca Trust Fund | TE: Registered Agent signature mpaign Financing Contribution. | \$5.00 May Be Added to Fees ADDITIONS/CHANG | Make c Florida D SES TO OFFICERS AN | heck payable to epartment of Si | o tate | |
| SIGNATURE 10. TITLE NAME | Signature, typed or print Filling Fee is Due by May PD SUNDAY, GEO | segent. \$61.25 1, 2005 OFFICERS AND DIRE | d title if applicable. (NOT 9. Election Ca Trust Fund | mpaign Financing Contribution. 11. TITLE NAME | \$5.00 May Be Added to Fees ADDITIONS/CHANGED STEVE Timbe | Make of Florida D | check payable to epartment of SI | o tate | |
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12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

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CITY-ST-ZIP

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