

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N41448 1. Entity Name ESCAMBIA COUNTY 4-H FOUNDATION, INC.	
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Principal Place of Business 3740 STEFANI RD CANTONMENT, FL 32533 US	Mailing Address 3740 STEFANI RD CANTONMENT, FL 32533 US
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3041362	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIOTT, ROGER M 3740 STEFANI ROAD CANTONMENT, FL 32533
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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>Roger M. Elliott</u> 1/31/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMBERLAKE, STEVE 11621 CLEAR CREEK DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIVINGSTON, JACK 2350 HWY 97 MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENBERRY, LAMAR 1045 GREEN HILLS RD CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUTLER, STEVE 3311 S. HWY 29 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000432073 02/23/06-80055-007 61.25 DO NOT WRITE IN THIS SPACE

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>Steve Butler</u> 1/31/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #