

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90051 045 ****61.25

DOCUMENT # N41448

1. Entity Name
ESCAMBIA COUNTY 4-H FOUNDATION, INC.



Principal Place of Business
**3740 STEFANI RD
CANTONMENT, FL 32533 US**

Mailing Address
**3740 STEFANI RD
CANTONMENT, FL 32533 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**ELLIOTT, ROGER M
3740 STEFANI ROAD
CANTONMENT, FL 32533**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 | <input type="checkbox"/> Delete |
|-------|----------------------|-------------------------|----------------------|-------------------------------------|
| PD | TIMBERLAKE, STEVE | 11621 CLEAR CREEK DRIVE | PENSACOLA, FL 32514 | <input type="checkbox"/> |
| VP | LIVINGSTON, JACK | 2350 HWY 97 | MOLINO, FL 32577 | <input type="checkbox"/> |
| D | CHRISTENBERRY, LAMAR | 1045 GREEN HILLS RD | CANTONMENT, FL | <input checked="" type="checkbox"/> |
| ST | BUTLER, STEVE | 3311 S. HWY 29 | CANTONMENT, FL 32533 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------|-------------------|-----------------------|---------------------------------|-------------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Am Allen | 505 Boxwood Lane | Gulf Breeze, FL 32561 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Jane Breault | 2700 Hwy 97 | Melina, FL 32577 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Melvin Gaylard | 263 San Carlos Rd | Cantonment, FL 32533 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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:

Pamela A Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-08 475-5230