

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765240

Entity Name: POLK COUNTY 4-H FOUNDATION, INC.

Current Principal Place of Business:

POLK COUNTY 4-H FOUNDATION
1702 HIGHWAY 17 SOUTH
BARTOW, FL 33830

Current Mailing Address:

POLK COUNTY 4-H FOUNDATION
P. O. BOX 9005, DWR HS03
BARTOW, FL 33831-9005 US

FEI Number: 59-2481764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, NICOLE A
1702 HWY 17 SOUTH
BARTOW, FL 33830 US

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

Officer/Director Detail :

Title VP
Name SLAUGHTER, JESSICA
Address 4607 KINGS POINT COURT
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT
Name WITMER, CHRIS
Address 1195 E. GEORGIA STREET
City-State-Zip: BARTOW FL 33830

Title SECR
Name BLACK, JENNY
Address 2014 COUNT CT
City-State-Zip: LAKELAND FL 33813

Title TREASURER
Name FLETCHER, SYLVIA
Address P.O. BOX 150
City-State-Zip: HOMELAND FL 33847

Title DIRECTOR
Name JOYNER, G. MATHEW
Address 1285 EAST HIBISCUS DRIVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name BIRD, BRIANNE
Address 2103 JONATHAN LANE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name SPINOSA, SARAH
Address 1515 S. HIBISCUS DRIVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name MCKENZIE, CAROLE
Address 1040 FOX HUNT DRIVE
City-State-Zip: WINTER HAVEN FL 33880

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I hereby 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 all other like empowered.

SIGNATURE: CHRIS WITMER

PRESIDENT

04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TURNER, HELEN
Address 770 LEMON STREET
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name TARANGO, MARISOL
Address 510 POOL BRANCH ROAD
City-State-Zip: FT. MEADE, FL FL 33841