

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733607** (6)  
1. Corporation Name  
**LAKE AGRICULTURE AND YOUTH FAIR ASSOCIATION, INC**



Principal Place of Business P.O. BOX 221 EUSTIS FL 32727-0221	Mailing Address P.O. BOX 221 EUSTIS FL 32727-0221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/19/1975</b>		3a. Date of Last Report <b>02/02/1996</b>	
4. FEI Number <b>59-0648175</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>DITTMAN, BETTY H 1420 INDIANA AVE. MT. DORA FL 32757</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CONNELLY, DON 416 S. CENTER STREET EUSTIS FL 32726	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Carl Summerall
STREET ADDRESS		1.3 STREET ADDRESS	13540 Woodland Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Astatula, FL 34705
TITLE	VD LASHER, RICHARD HWY. 48 S. QUARTERS ROAD OKAHUMPKA FL 34762	2.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Jacky Atchley
STREET ADDRESS		2.3 STREET ADDRESS	P.O. Box 207 N/A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Okahumpka, FL 34762
TITLE	VD RACHELS, EMMETT 15023 VIRNITA DR. TAVARES FL 32778	3.1 TITLE	2nd V. President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Susie Farley
STREET ADDRESS		3.3 STREET ADDRESS	P.O. Box 530 N/A
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Astatula, FL 34705
TITLE	SD SUMMERALL, CARL 13640 WOODLAND DRIVE ASTATULA FL 34705	4.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Beverly Farley
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 536 N/A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Grand Island, FL 32735
TITLE	TD NORRIS, CHARLES E II 26050 CR46A SORRENTO FL	5.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	C.E. "Happy" Norris
STREET ADDRESS		5.3 STREET ADDRESS	26050 CR 16A
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sorrento, FL 32776
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Carl G. Summerall 7-18-97 (352) 324-2030

CR2E037 (4/97)