-- FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 733607

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

FILED Feb 24, 1999 8:00 am § Secretary of State

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2. Pr	Principal Place of Business Za. Mailing Address								3. Date Incorporated or Qualifed				
21			26					08/19/1975		1 1.	Gad Fan		
	uite, Apt.	#, etc.		Suite, Apt. #, etc.					4. FEI Number 59-0648175			olied For	
22	27					_			38 0046 173			Applicable	
Ci 23	City & State City & State								5. Certifcate of Status Desired	S8.75 Additional Fee Required			
Zi	ip	Country Zip Cour							6. Election Campaign Financing		\$5.00	May Be	
24		25 29 30							Trust Fund Contribution		Added to	Fees	
		9. Name and Adds	ess of Current F	Registered Agent	81			10. Name and Address of New	Registered /	Agent			
							Name		-				
NORRIS, C E							82 Street Address (P.O. Box Number is Not Acceptable)						
26050 CR 46 A							83						
SORRENTO FL 32776													
						84	City				85 Zip C	ode	
							-			FL	,		
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.													
	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 to 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 fairure with and accept the obligations of, Section 617.0503, Florida Statutes.												
	/ / / / / / / / / / / / / / / / / / /												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.			OFFICERS AND		13.				ADDITIONS/CHANGES TO OF	FICERS AN			
T/ TLE	e SD			⊠ √pelete	1.1 TI		Pr	es. Director		Change Change	☐ Addition		
NAME	AME FARLEY, BEVERLY				1.2 N	1.2 NAME		Su	sie Farley			ļ	
STREE	STREET ADDRESS P O BOX 536				1.3 \$1	1.3 STREET ADDRES		P.	O.Box 530				
CITY-S	ST-ZIP	GRAND ISLAND FL			1.4 CI	1.4 CITY-ST-ZIP			tatula FL 34705				
TITLE		VPD X DELETE			2.1 TI	2.1 TITLE V .			P.,Director		☐ Change	Addition	
NAME	ME EMMET, RACHELS				22 NA		Roy		y Osteen				
STREE	STREET ADDRESS P O BOX 1161 N/A			2.3 5			2.3 STREET ADDRESS		48 Big Oak Rd.				
CITY-S	ST-ZIP	TAVARES FL 3277	B		2.4 C	ITY-S	T-ZIP	Cl	ermont FL 34711				
TITLE		VPD	☐ DELETE	3.1 TI	TLE	Į	V 7. 1	P.,Director		Change	☐ Addition		
NAME		FARLEY, SUSIE			3.2 N/	AME.	Ī		rl Summerall			ļ	
STREE	T ADDRESS	P O BOX 530 N/A			3.3 \$	REET	ADDRESS		640 Woodland Dr				
CITY-S	ST-ZIP	ASTATULA FL			3.4. C	ITY-S	T-ZIP		tatula FL 34705	<u> </u>		CO/4.1100	
TITLE		PD		☐ DELETE	4.1 Ti	TLE	- 1		c.,Director		☐ Change	Addition	
NAME		SUMMERALL, CAR	L		4. 2 N	AME	j	La	rry Coleman				
STREE	T ADDRESS	13540 WOODLAND) DR		4.3 S	TREET	ADDRESS		B Douglas Dr.				
CITY-S	71011110			_	TY-SI	Γ-ZIP	Ta	vares FL 32778	•	Character .	Cal Variet		
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5.1 TITLE			eas., Director	٠.	Change	Addition		
NAME		PAUL, JUDY			5.2 N	-		Br	uce Duncan				
STREE	T ADDRESS	37208 N THRILL H	ILL RD	i			ADDRESS	45	6 W. 10th Ave.				
CITY-S	ST-ZIP	EUSTIS FL 32736				TY-\$1	Γ-ZIP	Мŧ	• Dora FL 32757		D.C	☐ Addition i	
TITLE				☐ DELETE	6.1 T						☐ Change		
NAME					6.2 N		l						
STREE	ET ADDRESS						ADDRESS						
CITY-S	ST-ZIP				6.4 C	ITY-S	T-ZIP						

14. 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 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, with all other like empowered.

SIGNATURE: