

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761645

FILED
Mar 24, 2005
Secretary of State

Entity Name: HIGHLANDS COUNTY FAIR ASSOCIATION, INC.

Current Principal Place of Business:

756 MAGNOLIA AVE
P.O. BOX 1981
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P OBOX 1981
P.O. BOX 1981
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 59-1030418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAINE, J MICHAEL
245 SOUTH COMMERCE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: GOSE, MATTHEW
Address: 4403 CAPRI AVE
City-St-Zip: SEBRING, FL 33872

Title: PD () Delete
Name: LOVETT, THOMAS C
Address: 4401 BUNKER DR
City-St-Zip: SEBRING, FL 33875

Title: VPD () Delete
Name: KNOTT, MICHAEL
Address: 1717 HYACINTH
City-St-Zip: SEBRING, FL

Title: DS () Delete
Name: BRONSON, STEVE
Address: P.O. BOX 426
City-St-Zip: LORIDA, FL 33857

Title: VPD () Delete
Name: CULVERHOUSE, THOMAS C
Address: 102 LONGWOOD RD
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BAKER, ROBERT
Address: 2710 ST. RD. 17 NORTH
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT BAKER

PD

03/24/2005

Electronic Signature of Signing Officer or Director

_____ Date