

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761645

FILED  
Feb 28, 2007  
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:

756 MAGNOLIA AVE  
SEBRING, FL 33870 US

## Current Mailing Address:

PO BOX 1981  
PO 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: SEC ( ) Delete  
Name: GOSE, MATTHEW  
Address: 733 N LRL RANCH RD  
City-St-Zip: AVON PARK, FL 33825

Title: PRES ( ) Delete  
Name: MCHARGUE, WALT  
Address: 5824 CHERRY RD  
City-St-Zip: SEBRING, FL 33875

Title: VPRES ( ) Delete  
Name: POLLARD, JACK  
Address: PO BOX 1358  
City-St-Zip: SEBRING, FL 33871

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

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

Title: ATRE ( ) Delete  
Name: MICHAEL, KNOTT  
Address: 1717 HYACINTH AVE  
City-St-Zip: SEBRING, FL 33875

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change ( ) Addition  
Name: POLLARD, JACK  
Address: 1812 HYACINTH AVE  
City-St-Zip: SEBRING, FL 33875

Title: VPRES (X) Change ( ) Addition  
Name: ADAMS, SKIP  
Address: 228 RAIL AVE  
City-St-Zip: SEBRING, FL 33872

Title: ASEC (X) Change ( ) Addition  
Name: GOSE, JOHN  
Address: 200 LAKE NEILLIE DR  
City-St-Zip: LAKE PLACID, FL 33852

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 Chapter 119, 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: JACK POLLARD

PRES

02/28/2007

Electronic Signature of Signing Officer or Director

Date