

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761645

FILED
Jan 10, 2009
Secretary of State

Entity Name: HIGHLANDS COUNTY FAIR ASSOCIATION, INC.

Current Principal Place of Business:

756 MAGNOLIA AVE
SEBRING, FL 33870 US

New Principal Place of Business:

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: POLLARD, JACK
Address: 1812 HYACINTH AVE
City-St-Zip: SEBRING, FL 33875

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

Title: ASEC () Delete
Name: DUNN, CHRIS
Address: 606 ROANOKE PL
City-St-Zip: SEBRING, FL 33870

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

Title: VPRES (X) Change () Addition
Name: WHITE, GEORGE
Address: 2951 HARNAGE RD
City-St-Zip: AVON PARK, FL 33875

Title: SEC (X) Change () Addition
Name: BRONSON, STEVE
Address: PO BOX 426
City-St-Zip: LORIDA, FL 33857

Title: ASEC (X) Change () Addition
Name: MACKAY, STEVEN
Address: 635 PERSIMMON AVE
City-St-Zip: SEBRING, FL 33870

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 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: SKIP ADAMS

Electronic Signature of Signing Officer or Director

PRES

01/10/2009

_____ Date