

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750752 (8)

1. Corporation Name

POLK COUNTY YOUTH FAIR, INC.



Principal Place of Business

Mailing Address

1702 US HIGHWAY 17 SOUTH
BARTOW FL 33830

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BARTOW FL 33830

3. Date Incorporated or Qualified
01/24/1980

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-1657268

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNT, KATHLEEN C.
715 LYLE PKWY
BARTOW FL 33830

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WETHERINGTON, KENNETH
STREET ADDRESS 1790 HIGHLANDS BLVD.
CITY-ST-ZIP BARTOW FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME HUNT, KATHLEEN C.
STREET ADDRESS 715 LYLE PKWY.
CITY-ST-ZIP BARTOW FL

21 TITLE ☐ Change ☒ Addition
22 NAME TD
23 STREET ADDRESS DOROTHY R. BIRGE
24 CITY-ST-ZIP 160 W. HOOKER ST
BARTOW FL 33830

TITLE SD ☐ DELETE
NAME SUMMERLIN, FREDDIE
STREET ADDRESS PO BOX 97/NA
CITY-ST-ZIP DAVENPORT FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME BUCKLER, JOE
STREET ADDRESS 4520 OLD TAMPA RD
CITY-ST-ZIP LAKELAND, FL 00000

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME PUTNAM, SALLY
STREET ADDRESS HELEN CIRCLE
CITY-ST-ZIP BARTOW FL

51 TITLE ☐ Change ☒ Addition
52 NAME D
53 STREET ADDRESS JIM BOLDEN
54 CITY-ST-ZIP 6100 ABC ROAD
LAKE WALES FL 33853

TITLE D ☒ DELETE
NAME TICE, DAVID
STREET ADDRESS 325 N. 91 MINE ROAD
CITY-ST-ZIP BARTOW FL

61 TITLE ☐ Change ☒ Addition
62 NAME VD
63 STREET ADDRESS JOYCE GREENE CAIN
64 CITY-ST-ZIP 801 UNTER DIN LINDEN
FT MEADE FL 33841

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

Date

Daytime Phone #

CR2E037 (12/95)