


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 1702 US HIGHWAY 17 SOUTH BARTOW FL 33830			Mailing Address 1702 US HIGHWAY 17 SOUTH BARTOW FL 33830-6633		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/24/1980	
24		25		3a. Date of Last Report 04/09/1996	
21		26		4. FEI Number 59-1657268	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HUNT, KATHLEEN C. 715 LYLE PKWY BARTOW FL 33830			10. Name and Address of New Registered Agent 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 <i>Kathleen C. Hunt</i> 4/28/97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WETHERINGTON, KENNETH	1.2 NAME			
STREET ADDRESS	1790 HIGHLANDS BLVD.	1.3 STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIRGE, DOROTHY R	2.2 NAME	BIRGE, DOROTHY R		
STREET ADDRESS	160 W HOOKER ST	2.3 STREET ADDRESS	160 W HOOKER ST		
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	BARTOW FL		
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUMMERLIN, FREDDIE	3.2 NAME	SUMMERLIN, FREDDIE		
STREET ADDRESS	PO BOX 97/NA	3.3 STREET ADDRESS	P O BOX 97/NA		
CITY-ST-ZIP	DAVENPORT FL	3.4 CITY-ST-ZIP	DAVENPORT FL		
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BUCKLER, JOE	4.2 NAME	CROWELL, TOMMY		
STREET ADDRESS	4520 OLD TAMPA RD	4.3 STREET ADDRESS	5233 LAKE BUFFUM ROAD		
CITY-ST-ZIP	LAKELAND, FL 00000	4.4 CITY-ST-ZIP	LAKE WALES FL 33853		
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOLDEN, JIM	5.2 NAME	HUNT, KATHLEEN C		
STREET ADDRESS	6100 ABC RD	5.3 STREET ADDRESS	715 LYLE PARKWAY		
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	BARTOW FL 33830		
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CAIN, JOYCE G	6.2 NAME	GRUBBS, CANDY		
STREET ADDRESS	801 UNTER DIN LINDEN	6.3 STREET ADDRESS	195 W MYRILE STREET		
CITY-ST-ZIP	FT MEADE FL	6.4 CITY-ST-ZIP	BARTOW FL 33830		
14. I do 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. SIGNATURE: <i>Kathleen C. Hunt</i> 4/28/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E037 (9/96)