

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733607** (6)
1. Corporation Name
LAKE AGRICULTURE AND YOUTH FAIR ASSOCIATION, INC



Principal Place of Business P.O. BOX 221 EUSTIS FL 32727-0221	Mailing Address P.O. BOX 221 EUSTIS FL 32727-0221
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3. Date Incorporated or Qualified 08/19/1975
4. FEI Number 59-0648175
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent OTTMAN, BETTY H 1420 INDIANA AVE. MT. DORA FL 32757

10. Name and Address of New Registered Agent 81 Name C.E. NORRIS 82 Street Address (P.O. Box Number is Not Acceptable) 26050 CR 46A 83 84 City SORRENTO FL 85 Zip Code 32776

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]* (NOTE: Registered Agent signature required when reinstating) DATE **2-9-98**

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	FARLEY, BEVERLY
STREET ADDRESS	P O BOX 536
CITY-ST-ZIP	GRAND ISLAND FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	ATCALEY, JACKY
STREET ADDRESS	P O BOX 207 N/A
CITY-ST-ZIP	OKAHUMPKA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	FARLEY, SUSIE
STREET ADDRESS	P O BOX 530 N/A
CITY-ST-ZIP	ASTATULA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SUMMERALL, CARL
STREET ADDRESS	13540 WOODLAND DR
CITY-ST-ZIP	ASTATULA FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	NORRIS, C E HAPPY
STREET ADDRESS	26050 CR 16A
CITY-ST-ZIP	SORRENTO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	EMMETT RACHELS
2.4 CITY-ST-ZIP	P O Box 1161 N/A TAVARES FL 32778
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	JUDY PAUL
5.4 CITY-ST-ZIP	37208 N. THRILL HILL RD EUSTIS FL 32736
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* 1/22/98 (352)343-6358

CR2E037 (10/97)