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Feb 24, 1999 8:00 am
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02-24-1999 90012 029 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733607

1. Corporation Name

LAKE AGRICULTURE AND YOUTH FAIR ASSOCIATION, INC

105446 - 90012 - 29

Principal Place of Business	Mailing Address
P.O. BOX 221 EUSTIS FL 32727-0221	P.O. BOX 221 EUSTIS FL 32727-0221

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/19/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0648175 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NORRIS, C E
26050 CR 46 A
SORRENTO FL 32776

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 [signature] 1-5-99
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	SD	☒ DELETE	1.1 TITLE	Pres. Director	☒ Change ☐ Addition
NAME	FARLEY, BEVERLY		1.2 NAME	Susie Farley	
STREET ADDRESS	P O BOX 536		1.3 STREET ADDRESS	P.O.Box 530	
CITY-ST-ZIP	GRAND ISLAND FL		1.4 CITY-ST-ZIP	Astatula FL 34705	
TITLE	VPD	☒ DELETE	2.1 TITLE	V.P.,Director	☐ Change ☒ Addition
NAME	EMMET, RACHELS		2.2 NAME	Roy Osteen	
STREET ADDRESS	P O BOX 1161 N/A		2.3 STREET ADDRESS	4748 Big Oak Rd.	
CITY-ST-ZIP	TAVARES FL 32778		2.4 CITY-ST-ZIP	Clermont FL 34711	
TITLE	VPD	☐ DELETE	3.1 TITLE	V.P.,Director	☒ Change ☐ Addition
NAME	FARLEY, SUSIE		3.2 NAME	Carl Summerall	
STREET ADDRESS	P O BOX 530 N/A		3.3 STREET ADDRESS	13640 Woodland Dr.	
CITY-ST-ZIP	ASTATULA FL		3.4 CITY-ST-ZIP	~~Astatula FL 34705~~	
TITLE	PD	☐ DELETE	4.1 TITLE	Sec.,Director	☐ Change ☒ Addition
NAME	SUMMERALL, CARL		4.2 NAME	Larry Coleman	
STREET ADDRESS	13540 WOODLAND DR		4.3 STREET ADDRESS	13B Douglas Dr.	
CITY-ST-ZIP	ASTATULA FL		4.4 CITY-ST-ZIP	~~Tavares FL 32778~~	
TITLE	TD	☒ DELETE	5.1 TITLE	Treas., Director	☐ Change ☒ Addition
NAME	PAUL, JUDY		5.2 NAME	Bruce Duncan	
STREET ADDRESS	37208 N THRILL HILL RD		5.3 STREET ADDRESS	456 W. 10th Ave.	
CITY-ST-ZIP	EUSTIS FL 32736		5.4 CITY-ST-ZIP	~~Mt. Dora FL 32757~~	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 1-5-99 352 394-6465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #