

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90012 029 ****61.25

DOCUMENT # 733607

1. Corporation Name

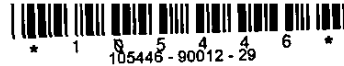
LAKE AGRICULTURE AND YOUTH FAIR ASSOCIATION, INC

Principal Place of Business

P.O. BOX 221
EUSTIS FL 32727-0221

Mailing Address

P.O. BOX 221
EUSTIS FL 32727-0221



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/19/1975

4. FEI Number

59-0648175

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

9. Name and Address of Current Registered Agent

NORRIS, C E
28050 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

1.1 TITLE SD
1.2 NAME FARLEY, BEVERLY
1.3 STREET ADDRESS P O BOX 536
1.4 CITY-ST-ZIP GRAND ISLAND FL

DELETE

2.1 TITLE VPD
2.2 NAME EMMET, RACHELS
2.3 STREET ADDRESS P O BOX 1161 N/A
2.4 CITY-ST-ZIP TAVARES FL 32778

DELETE

3.1 TITLE VPD
3.2 NAME FARLEY, SUSIE
3.3 STREET ADDRESS P O BOX 530 N/A
3.4 CITY-ST-ZIP ASTATULA FL

DELETE

4.1 TITLE PD
4.2 NAME SUMMERALL, CARL
4.3 STREET ADDRESS 13540 WOODLAND DR
4.4 CITY-ST-ZIP ASTATULA FL

DELETE

5.1 TITLE TD
5.2 NAME PAUL, JUDY
5.3 STREET ADDRESS 37208 N THRILL HILL RD
5.4 CITY-ST-ZIP EUSTIS FL 32736

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. Director
1.2 NAME Susie Farley
1.3 STREET ADDRESS P.O.Box 530
1.4 CITY-ST-ZIP Astatula FL 34705

Change Addition

2.1 TITLE V.P., Director
2.2 NAME Roy Osteen
2.3 STREET ADDRESS 4748 Big Oak Rd.
2.4 CITY-ST-ZIP Clermont FL 34711

Change Addition

3.1 TITLE V.P., Director
3.2 NAME Carl Summerall
3.3 STREET ADDRESS 13640 Woodland Dr.
3.4 CITY-ST-ZIP Astatula FL 34705

Change Addition

4.1 TITLE Sec., Director
4.2 NAME Larry Coleman
4.3 STREET ADDRESS 13B Douglas Dr.
4.4 CITY-ST-ZIP Tavares FL 32778

Change Addition

5.1 TITLE Treas., Director
5.2 NAME Bruce Duncan
5.3 STREET ADDRESS 456 W. 10th Ave.
5.4 CITY-ST-ZIP Mt. Dora FL 32757

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 357/394-6465

0013710

CR2E037 (11/98)