

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90058 001 ****61.25

DOCUMENT # 750752

1. Corporation Name

POLK COUNTY YOUTH FAIR, INC.

Principal Place of Business

1702 US HIGHWAY 17 SOUTH
BARTOW FL 33830

Mailing Address

P O BOX 9005 DRAWER H503
BARTOW FL 33831-9005
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/24/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1657268

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 ☐ DELETE

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

1.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **BIRGE, DOROTHY R**
STREET ADDRESS **160 W HOOKER ST**
CITY-ST-ZIP **BARTOW FL**

2.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD SUMMERLIN, FREDDIE**
STREET ADDRESS **PO BOX 97/NA**
CITY-ST-ZIP **DAVENPORT FL**

3.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD CROWELL, TOMMY**
STREET ADDRESS **5233 LAKE BUFFUM ROAD**
CITY-ST-ZIP **LAKE WALES FL**

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **PD HUNT, KATHLEEN C**
STREET ADDRESS **715 LYLE PARKWAY**
CITY-ST-ZIP **BARTOW FL**

5.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD GRUBBS, CANDY**
STREET ADDRESS **195 W MYRTLE STREET**
CITY-ST-ZIP **BARTOW FL**

6.1 TITLE

☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 **941-533-4446**

CR2E037 (11/98)