

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733607

FILED  
Feb 11, 2004  
Secretary of State

**Entity Name:** LAKE AGRICULTURE AND YOUTH FAIR ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 221  
EUSTIS, FL 327270221

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 221  
EUSTIS, FL 327270221

**New Mailing Address:**

**FEI Number:** 59-0648175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORRIS, C E  
26050 CR 46 A  
SORRENTO, FL 32776 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURNS, KATHY  
Address: 7904 BAY LANE RD  
City-St-Zip: GROVELAND, FL 34736

Title: VPD ( ) Delete  
Name: SUMMERALL, CARL  
Address: 13640 WOODLAND DR  
City-St-Zip: ASTATULA, FL 34705

Title: SD ( ) Delete  
Name: PAULHAMUS, BEATRICE  
Address: 1950 N COUNTRY RD  
City-St-Zip: EUSTIS, FL 32726

Title: TD ( ) Delete  
Name: COLEMAN, ROBERT L  
Address: 47 KEY WEST DR  
City-St-Zip: LEESBURG, FL 34788

Title: VPD ( ) Delete  
Name: BLAKE, C DON  
Address: 28833 COLUMBIA RD.  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DUNCAN, BRUCE  
Address: 456 W 10TH AVE  
City-St-Zip: MT DORA, FL 32757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE G DUNCAN

MR

02/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date