


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90076 031 ****61.25

DOCUMENT # 750752	
1. Entity 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03292004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1657268	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HUNT, KATHLEEN C. 715 LYLE PKWY BARTOW, FL 33830	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D WETHERINGTON, MARIA 215 E MAIN STREET BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD SUMNER, GEORGIANN 395 W TYLER ST. BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD SUMMERLIN, FREDDIE PO BOX 97/NA DAVENPORT, FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD CROWELL, TOMMY 5233 LAKE BUFFUM ROAD LAKE WALES, FL <input checked="" type="checkbox"/> Delete	TITLE	VD JAMES H. Bolden 6100 ABC Road LAKE WALES FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D HUNT, KATHLEEN C 715 LYLE PARKWAY. BARTOW, FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GRUBBS, CANDY 195 W MYRTLE STREET BARTOW, FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:		3/30/04	863-519-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #