


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

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 HS03 BARTOW, FL 33831-9005 US	



04042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1657268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CROWELL, THOMAS 5233 LAKE BUFFUM RD LAKE WALES, FL 33853	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETHERINGTON, MARIA 215 E MAIN STREET BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUMNER, GEORGIANN 395 W TYLER ST. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWELL, THOMAS 5233 LAKE BUFFUM RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLDEN, JAMES H 6100 ABC ROAD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, DABNEY L P.O. BOX 1578 BARTOW, FL 33831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUBBS, CANDY 195 W MYRTLE STREET BARTOW, FL 33830

U00000698413
04/19/07-80001-017 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: 	4-607 1-863-519-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone to