

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
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**



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1657268

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000911359
05/07/08-80035-025 61.25

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**

**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:

Candy Grubbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08

Date

1-863-519-8677

Daytime Phone

att. 116