

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750752

Entity Name: POLK COUNTY YOUTH FAIR, INC.**Current Principal Place of Business:**1702 US HIGHWAY 17 SOUTH
BARTOW, FL 33830**Current Mailing Address:**P O BOX 9005 DRAWER HS03
BARTOW, FL 33831-9005 US**FEI Number:** 59-1657268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLDEN, JAMES HJR.
5011 TWIN LAKES LANE
BARTOW, FL 33830 US*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**Officer/Director Detail :**

Title	TD
Name	CROWELL, PATRICIA
Address	5233 LAKE BUFFUM RD
City-State-Zip:	LAKE WALES FL 33859

Title	SECRETARY, DIRECTOR
Name	SUMNER, GEORGIANN
Address	395 W TYLER ST.
City-State-Zip:	BARTOW FL 33830

Title	PD
Name	BOLDEN, JAMES HJR.
Address	5011 TWIN LAKES LANE
City-State-Zip:	BARTOW FL 33830

Title	DIRECTOR
Name	NELSON, CHRIS
Address	P O BOX 9005 DRAWER HS03
City-State-Zip:	BARTOW FL 33831-9005

Title	D
Name	CONNER, DABNEY L
Address	P.O. BOX 1578
City-State-Zip:	BARTOW FL 33831

Title	VP, DIRECTOR
Name	WEBB, WILLIAM P
Address	832 CHAMBERLAIN LOOP
City-State-Zip:	LAKE WALES FL 33853

I hereby 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 all other like empowered.

SIGNATURE: JAMES H BOLDEN, JR**PRESIDENT****04/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date