

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717388

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: HARDEE COUNTY FAIR INCORPORATED

## Current Principal Place of Business:

617 RODEO DRIVE  
WAUCHULA, FL 33873

## New Principal Place of Business:

## Current Mailing Address:

ALTMAN ROAD  
P O BOX 1236  
WAUCHULA, FL 33873

## New Mailing Address:

FEI Number: 59-2029480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, JAY  
117 ILLINOIS AVE  
WAUCHULA, FL 33873 US

## Name and Address of New Registered Agent:

CLARK, JAY A PRES  
117 ILLINOIS AVE  
WAUCHULA, FL 33873 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: JAY A CLARK

04/18/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CULLINS, DEAN  
Address: KNOLLWOOD CIRCLE  
City-St-Zip: WAUCHULA, FL

Title: D ( ) Delete  
Name: WANDA, ROBERTS  
Address: 705 DOC COIL RD  
City-St-Zip: BOWLING GREEN, FL 33834

Title: S ( ) Delete  
Name: CONERLY, DOROTHY A  
Address: LOUISIANA STREET  
City-St-Zip: WAUCHULA, FL

Title: T ( ) Delete  
Name: RICH, SAM H  
Address: PO BOX 966  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: GILL, RAY  
Address: POLK STREET  
City-St-Zip: WAUCHULA, FL

Title: VP ( ) Delete  
Name: CHERRY, BARNEY  
Address: PO BOX 1346  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILKINS, M E DIR  
Address: P O BOX 966  
City-St-Zip: WAUCHULA, FL 33873

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

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: M E WILKINS

D

04/18/2005

Electronic Signature of Signing Officer or Director

Date