

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717388

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** HARDEE COUNTY FAIR INCORPORATED

**Current Principal Place of Business:**

777 RECREATION COMPLEX DR.  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

ALTMAN ROAD  
P O BOX 1236  
WAUCHULA, FL 33873

**New Mailing Address:**

P O BOX 1236  
WAUCHULA, FL 33873

**FEI Number:** 59-2029480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHERRY, JOSEPH B  
451 RIVER LN  
WAUCHULA, FL 33873 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ATCHLEY, TERRY  
Address: 1035 KNOLLWOOD CIR  
City-St-Zip: WAUCHULA, FL 33873

Title: P  
Name: CHERRY, JOSEPH B  
Address: 451 RIVER LANE  
City-St-Zip: WAUCHULA, FL 33873

Title: S  
Name: CRAWFORD, TERESA  
Address: 342 ALTMAN RD  
City-St-Zip: WAUCHULA, FL 33873

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

Title: D  
Name: STAGG, MONICA A  
Address: 1402 GRIFFIN ROAD  
City-St-Zip: WAUCHULA, FL 33873

Title: VP  
Name: CLARK, J. A.  
Address: 117 ILLINOIS AVE  
City-St-Zip: WAUCHULA, FL 33873

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: JOSEPH B CHERRY

P

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date