


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90197 037 \*\*\*\*61.25

<b>DOCUMENT # 718921</b>	
1. Entity Name <b>SUWANNEE RIVER FAIR AND LIVESTOCK ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 1569 BRONSON, FL 32621 US</b>	Mailing Address <b>P. O. BOX 1569 BRONSON, FL 32621 US</b>
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02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2030098</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BISHOP, MARK 6559 SE CR 337 TRENTON, FL 32693</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHE, WESLEY 13050 NW US HWY 129 CHIEFLAND, FL 326268600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRELS, BENNY 3251 NE CR 343 BRONSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DARRELL P O BOX 727 BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, MARK 6559 SE CR 337 TRENTON, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, EARL P.O. BOX 1612 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, TIMOTHY P O BOX 186 CROSS CITY, FL 32628

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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.

<b>SIGNATURE:</b> <i>Mark A. Bishop</i>	<b>4-19-6</b>	<b>352-317-1821</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>