



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90170 048 \*\*\*\*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>		
2. Principal Place of Business - No P.O. Box # <b>Hwy 19</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 252</b> Suite, Apt. #, etc.			
City & State <b>Ganning Springs, FL</b>		City & State <b>Trenton, FL</b>		4. FEI Number <b>59-2030098</b>	
Zip <b>32693</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SKELTON, R D 6250 NW 82ND CT CHIEFLAND, FL 32626-5801</b>				7. Name and Address of New Registered Agent Name <b>Darrell Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>3660 NW CR 342</b> City <b>Bell</b> <b>FL</b> Zip Code <b>32619</b>	
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 <u><i>Darrell Smith</i></u> <b>Darrell Smith</b> <span style="float: right;"><b>4-2-07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SACHE, WESLEY 13050 NW US HWY 129 CHIEFLAND, FL 326268600	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tim Alexander PO Box 186 Cross City FL 32628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JERRELS, BENNY 3251 NE CR 343 BRONSON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Loran Brookins PO Box 1662 Chiefland FL 32644	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKELTON, R D 6250 NW 82ND CT CHIEFLAND, FL 326265801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Darrell Smith 3660 NW CR 342 Bell FL 32619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BISHOP, MARK 6559 SE CR 337 TRENTON, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, EARL P.O. BOX 1612 TRENTON, FL 32693	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANCHEZ, GREG HC-04 BOX 40 N/A OLD TOWN, FL 32680	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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> <u><i>Darrell Smith</i></u> <b>Darrell Smith</b> <span style="float: right;"><b>386 208 9480</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40049603