

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718921

FILED
Jan 27, 2009
Secretary of State

Entity Name: SUWANNEE RIVER FAIR AND LIVESTOCK ASSOCIATION, INC.

Current Principal Place of Business:

HWY 19
FANNING SPRINGS, FL 32693 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 252
TRENTON, FL 32693 US

New Mailing Address:

FEI Number: 59-2030098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DARRELL
3660 NW CE 342
BELL, FL 32619 US

Name and Address of New Registered Agent:

THOMAS, HUGH
5060 SW 35TH TRAIL
BELL, FL 32619 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: HUGH THOMAS

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALEXANDER, TIM
Address: PO BOX 186
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: BROOKINS, LORAN
Address: PO BOX 1662
City-St-Zip: CHIEFLAND, FL 32644

Title: D () Delete
Name: SMITH, DARRELL
Address: 3660 NW CR 342
City-St-Zip: BELL, FL 32619

Title: PD () Delete
Name: BISHOP, MARK
Address: 6559 SE CR 337
City-St-Zip: TRENTON, FL 32963

Title: D () Delete
Name: JONES, EARL
Address: P.O. BOX 1612
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BROOKINS, LORAN
Address: PO BOX 1662
City-St-Zip: CHIEFLAND, FL 32644

Title: D (X) Change () Addition
Name: THOMAS, HUGH
Address: 5060 SW 35TH TRAIL
City-St-Zip: BELL, FL 32619

Title: D (X) Change () Addition
Name: ETHERIDGE, BRAD
Address: PO BOX 426
City-St-Zip: WILLISTON, FL 32696

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HUGH THOMAS

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date