

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724900 (6)

1. Corporation Name
CITRUS COUNTY FAIR ASSOCIATION INC.



Principal Place of Business: 3600 SO. FLORIDA AVE. INVERNESS FL 34450
Mailing Address: 3600 SO. FLORIDA AVE. INVERNESS FL 34450

3. Date Incorporated or Qualified: 11/29/1972
3a. Date of Last Report: 06/02/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number 59-1516795	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRANT, JEAN 3600 SOUTH FLORIDA AVE. INVERNESS FL 34450		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD DAVIS, CHARLES 3075 S FLORIDA AVE INVERNESS FL	<input type="checkbox"/> DELETE	1.1 TITLE
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	SD GRASKA, DORIS 1990 S. MOORING DRIVE INVERNESS, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	PD PORTER, HAL 1112 HILLSIDE CT. INVERNESS FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	AS FAIR, THAYER R. % 3600 S.F.AVENUE INVERNESS FL	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	VPD MAYBERRY, NELL 409 OJAIL ROOSE DR. INVERNESS FL	<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: 1/26/96
352-726-2993

CR2E037 (12/95)