

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 724900

1. Entity 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**



01122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1516795

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, JEAN
3600 SOUTH FLORIDA AVE.
INVERNESS, FL 34450**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DAVIS, CHARLES
3075 S FLORIDA AVE
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HOPPERT, WILLIAM
555 STUCK PT
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAYBERRY, NELL
409 QUAIL ROOST DR
INVERNESS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ESD
PORTER, HAL
12202 OLD JONES RD
FLORAL CITY, FL 34436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000412497
02/10/06-80049-012 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-06 352-726-3531