

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 039 ****61.25

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



02132008 No Chg-NP CR2E037 (4/06)

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

PORTER, HAL
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 *Hal Porter*

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

(NOTE: Registered Agent signature required when reinstating)

2/13/08

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	TD
NAME	DAVIS, CHARLES
STREET ADDRESS	3075 S FLORIDA AVE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	VPD <i>Robert Iverson</i>
NAME	CAPERLE, DAVID <i>4330 N Indianhead Rd</i>
STREET ADDRESS	2421 N MEADOWVIEW TERRACE
CITY-ST-ZIP	HERNANDO, FL 34442 <i>Hernando, FL 34442</i>
TITLE	PD
NAME	MAYBERRY, NELL
STREET ADDRESS	490 QUAIL HICKORY DR <i>315 Hunting Lodge Dr.</i>
CITY-ST-ZIP	INVERNESS, FL 34453 <i>34453</i>
TITLE	ESD
NAME	ROOKS, NANCY
STREET ADDRESS	6661 S PLEASANT GROVE RD
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Hal Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08

DATE

352-74-2993

DAYTIME PHONE #