

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724900

FILED
Jan 27, 2009
Secretary of State

Entity Name: CITRUS COUNTY FAIR ASSOCIATION INC.

Current Principal Place of Business:

3600 SO. FLORIDA AVE.
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

3600 SO. FLORIDA AVE.
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 59-1516795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, HAL
3600 SOUTH FLORIDA AVE.
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DAVIS, CHARLES,
Address: 3075 S FLORIDA AVE
City-St-Zip: INVERNESS, FL 34450

Title: VPD () Delete
Name: IVERSON, ROBERT
Address: 4330 N INDIAN HEAD RD
City-St-Zip: HERNANDO, FL 34442

Title: PD () Delete
Name: MAYBERRY, NELL
Address: 315 HUNTING LODGE DR
City-St-Zip: INVERNESS, FL 34453

Title: ESD () Delete
Name: ROOKS, NANCY
Address: 6661 S PLEASANT GROVE RD
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: IVERSON, ROBERT
Address: 6155 S. MERRYLAKE POINT
City-St-Zip: FLORAL CITY, FL 34436

Title: VPD (X) Change () Addition
Name: ROOKS, LARRY
Address: 6661 S. PLEASANT GROVE ROAD
City-St-Zip: INVERNESS, FL 34452

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

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: ROBERT IVERSON

TD

01/27/2009

Electronic Signature of Signing Officer or Director

Date