

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724900

**FILED**  
**Feb 21, 2011**  
**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  
Name: IVERSON, ROBERT  
Address: 6155 S. MERRYLAKES POINT  
City-St-Zip: FLORAL CITY, FL 34436

Title: PD  
Name: ROOKS, LARRY  
Address: 6661 S. PLEASANT GROVE ROAD  
City-St-Zip: INVERNESS, FL 34452

Title: VP  
Name: WOLF, TOM  
Address: 1248 S. COVE CAMP POINT N.  
City-St-Zip: INVERNESS, FL 34450

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

I hereby 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 all other like empowered.

SIGNATURE: HAL PORTER

MNGR

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date