## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#741356** 

FILED May 01, 2006 Secretary of State

Entity Name: FLORIDA CITRUS SHOWCASE AND POLK COUNTY FAIR, INC.

**Current Principal Place of Business: New Principal Place of Business:** 100 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880 **Current Mailing Address: New Mailing Address:** P.O. BOX 30 WINTER HAVEN, FL 338820030 FEI Number: 59-0247578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOINER, JAMES T 190 AVÉ A NW WINTER HAVEN, FL 33880 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition KILLEBREW, SAM GRAHAM, TERRY Name: Name: PO BOX 6258 Address: 219 FIFTH ST. SW Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: WINTER HAVEN, FL 33880 Title: VPD Title: (X) Change ( ) Addition ( ) Delete CHALKER, LORI B Name: CHALKER, LORI B Name: Address: PO BOX 7378 Address: PO BOX 7378 City-St-Zip: WINTER HAVEN, FL 33883 City-St-Zip: WINTER HAVEN, FL 33883 Title: TRE () Delete Title: PD (X) Change ( ) Addition MCCOY, RODGER MCCOY, RODGER Name: Name: 110 WGTO TOWER ROAD 110 WGTO TOWER ROAD Address: Address: City-St-Zip: POLK CITY, FL 33868 City-St-Zip: POLK CITY, FL 33868 ( ) Delete Title: SD Title: (X) Change ( ) Addition ADAMS, MIKE Name: ADAMS, MIKE Name: PO BOX 1487 Address: Address: PO BOX 1487 City-St-Zip: LAKELAND, FL 33802 City-St-Zip: LAKELAND, FL 33802 Title: () Delete Title: () Change () Addition ADAMS JR, BEN Name: Name: PO BOX 2239 Address: Address: WINTER HAVEN, FL 33883 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FUQUA JR. BOBBY Name: Name: Address: **PO BOX 30** Address: WINTER HAVEN, FL 33882 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BOBBY E. FUQUA JR. ED 05/01/2006