

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742148

FILED
Jan 13, 2009
Secretary of State

Entity Name: JACKSON COUNTY AGRICULTURAL EXPOSITION, INC.

Current Principal Place of Business:

3627 HWY 90
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 330
MARIANNA, FL 324470330 US

New Mailing Address:

FEI Number: 59-1104467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADGETT, JOHN
1885 SPRING LAKE TRAIL
MARIANNA, FL 32448 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: TS () Delete
Name: SPIVEY, LARRY
Address: 1095 SPIVEY RD.
City-St-Zip: GRAND RIDGE, FL 32442

Title: D () Delete
Name: HILTON, PETE
Address: 1875 SPRING LAKE TRAIL
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: PADGETT, JOHN
Address: 1885 SPRING LAKE TRAIL
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: LOCKEY, CLAVIN
Address: 4719 SABFLIE DR
City-St-Zip: MARIANNA, FL 324461887

Title: P () Delete
Name: GRAINGER, TOMMY
Address: 3264 N HWY 73
City-St-Zip: MARIANNA, FL 324462475

Title: VP () Delete
Name: BAKER, ARTHUR
Address: 3690 URBANK RD
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ARTHUR BAKER

COMM

01/13/2009

Electronic Signature of Signing Officer or Director

Date