

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742148

FILED
Jun 02, 2010
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 (X)**
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:

PADGETT, JOHN
1885 SPRING LAKE TRAIL
MARIANNA, FL 32448 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:

Title: TS
Name: SPIVEY, LARRY
Address: 1095 SPIVEY RD.
City-St-Zip: GRAND RIDGE, FL 32442

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

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

Title: D
Name: LOCKEY, CALVIN
Address: 4719 SHEFFIELD DR
City-St-Zip: MARIANNA, FL 324461887

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

Title: VP
Name: BAKER, ARTHUR
Address: 3690 BURBANK RD
City-St-Zip: MARIANNA, FL 32446

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: CALVIN LOCKEY

D

06/02/2010

Electronic Signature of Signing Officer or Director

_____ Date