

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

|                                                                             |                                                                         |                                                                                   |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 750752</b>                                                    |                                                                         |  |
| 1. Entity Name<br>POLK COUNTY YOUTH FAIR, INC.                              |                                                                         |                                                                                   |
| Principal Place of Business<br>1702 US HIGHWAY 17 SOUTH<br>BARTOW, FL 33830 | Mailing Address<br>P O BOX 9005 DRAWER HS03<br>BARTOW, FL 33831-9005 US |                                                                                   |



04042007 No Chg-NP CR2E037 (4/06)

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|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-1657268                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

|                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CROWELL, THOMAS<br>5233 LAKE BUFFUM RD<br>LAKE WALES, FL 33853 | <b>DO NOT WRITE IN THIS SPACE</b> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

|                                             |                                                                                                                 |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                      |
|------------------------------------------------|----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WETHERINGTON, MARIA<br>215 E MAIN STREET<br>BARTOW, FL 33830    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>SUMNER, GEORGIANN<br>395 W TYLER ST.<br>BARTOW, FL 33830        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CROWELL, THOMAS<br>5233 LAKE BUFFUM RD<br>LAKE WALES, FL 33853 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BOLDEN, JAMES H<br>6100 ABC ROAD<br>LAKE WALES, FL 33853       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CONNER, DABNEY L<br>P.O. BOX 1578<br>BARTOW, FL 33831           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GRUBBS, CANDY<br>195 W MYRTLE STREET<br>BARTOW, FL 33830        |

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04/19/07-80001-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|                                                                                                |                       |
|------------------------------------------------------------------------------------------------|-----------------------|
| SIGNATURE:  | 4-607 1-863-519-8677  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date Daytime Phone to |