


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90117 047 \*\*\*\*61.25

<b>DOCUMENT # 761583</b> 1. Entity Name <b>HERNANDO COUNTY FAIR ASSOCIATION, INC.</b>					
Principal Place of Business <b>6436 BROAD ST. BROOKSVILLE, FL 34601</b>			Mailing Address <b>P.O. BOX 10456 BROOKSVILLE, FL 34603-0456</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2106878</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PEDONE, DEBRA 4347 KETTERING RD BROOKSVILLE, FL 34602</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEDONE, DEBRA	NAME			
STREET ADDRESS	4347 KETTERING RD	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERNARDINI, JOE	NAME			
STREET ADDRESS	201 HOWELL AVE	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, NANCY A	NAME			
STREET ADDRESS	19490 OLIVER STREET	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LODATO, TAMMY	NAME	<b>SD LORI BAINUM</b>		
STREET ADDRESS	1401 MONDON HILL RD	STREET ADDRESS	<b>11192 Weatherly Road</b>		
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	<b>Brooksville, FL 34601</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> <i>Nancy A Moore, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>09/02/04</b> <small>Date</small>		<b>352-754-4433</b> <small>Daytime Phone #</small>	