


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90002 041 ****61.25

DOCUMENT # 761583 1. Entity Name HERNANDO COUNTY FAIR ASSOCIATION, INC.					
Principal Place of Business 6436 BROAD ST. BROOKSVILLE, FL 34601			Mailing Address P.O. BOX 10456 BROOKSVILLE, FL 34603-0456		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2106878	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEDONE, DEBRA 4347 KETTERING RD BROOKSVILLE, FL 34602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEDONE, DEBRA 4347 KETTERING RD BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNARDINI, JOE 201 HOWELL AVE BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, NANCY A 19490 OLIVER STREET BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAINUM, LORI 11192 WEATHERLY ROAD BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Nancy A. Moore</u> Nancy A. Moore					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 106-09-05		Daytime Phone # 1352/796-4552	

SEE ATTACHED LIST
(2 PAGES)

ATTACHMENT

40088460

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Attachment to DOCUMENT #761583

HERNANDO COUNTY FAIR ASSOCIATION, INC.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDONE, DEBRA	NAME	PEDONE, DEB
STREET ADDRESS	4347 KETTERING RD	STREET ADDRESS	4347 KETTERING RD
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	VD <input checked="" 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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, NANCY A	NAME	MOORES, NANCY A
STREET ADDRESS	19490 OLIVER STREET	STREET ADDRESS	19490 OLIVER STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, LORI	NAME	BAINUM, LORI
STREET ADDRESS	11192 WEATHERLY ROAD	STREET ADDRESS	11192 WEATHERLY ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP	BROOKSVILLE, FL 34605
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DON PAGE
STREET ADDRESS		STREET ADDRESS	1000 S BROAD STREET
CITY-ST-ZIP		CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WRIGHT, MICHELLE
STREET ADDRESS		STREET ADDRESS	15141 BAILEY HILL ROAD
CITY-ST-ZIP		CITY-ST-ZIP	BROOKSVILLE, FL 34614
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	AHRENS, RICK
STREET ADDRESS		STREET ADDRESS	9387 CENTURY DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CLARK, TOMMY
STREET ADDRESS		STREET ADDRESS	PO BOX 10481
CITY-ST-ZIP		CITY-ST-ZIP	BROOKSVILLE, FL 34603
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FINCHER, TAMMY
STREET ADDRESS		STREET ADDRESS	6226 BOATWRITE ROAD
CITY-ST-ZIP		CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	HURST, DANA
STREET ADDRESS		STREET ADDRESS	6095 BARCLAY AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JOHNSON, BERT
STREET ADDRESS		STREET ADDRESS	27301 OLD TRILBY ROAD
CITY-ST-ZIP		CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PUGH, DAVID
STREET ADDRESS		STREET ADDRESS	201 HOWELL ROAD
CITY-ST-ZIP		CITY-ST-ZIP	BROOKSVILLE, FL 34601

12. SIGNATURE: Nancy A Moors Nancy A Moors 106-09-05 352-796-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NUMBER

ATTACHMENT

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TITLE <input type="checkbox"/> Delete	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME FULMER, CRAIG
STREET ADDRESS	STREET ADDRESS 105 59TH AVENUE
CITY-ST-ZIP	CITY-ST-ZIP ST. PETE BEACH, FL 33706
TITLE <input type="checkbox"/> Delete	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME NICHOLSON, SANDRA
STREET ADDRESS	STREET ADDRESS 919 N BROAD STREET
CITY-ST-ZIP	CITY-ST-ZIP BROOKSVILLE, FL 34601
TITLE <input type="checkbox"/> Delete	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME NUGENT, RICHARD B
STREET ADDRESS	STREET ADDRESS 18900 CORTEZ BLVD
CITY-ST-ZIP	CITY-ST-ZIP BROOKSVILLE, FL 34601
TITLE <input type="checkbox"/> Delete	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME ROLLER, GWEN
STREET ADDRESS	STREET ADDRESS PO BOX 9262
CITY-ST-ZIP	CITY-ST-ZIP MASARYKTOWN, FL 34609
TITLE <input type="checkbox"/> Delete	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME ROLLER, RALPH
STREET ADDRESS	STREET ADDRESS PO BOX 9262
CITY-ST-ZIP	CITY-ST-ZIP MASARYKTOWN, FL 34609
TITLE <input type="checkbox"/> Delete	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME SCHENCK, ROB
STREET ADDRESS	STREET ADDRESS 20 N MAIN STREET
CITY-ST-ZIP	CITY-ST-ZIP BROOKSVILLE, FL 34601
TITLE <input type="checkbox"/> Delete	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAME WICKLUND, ERICK
STREET ADDRESS	STREET ADDRESS PO BOX 10209
CITY-ST-ZIP	CITY-ST-ZIP BROOKSVILLE, FL 34603

12. SIGNATURE: Nancy A Moores Nancy A Moores 106-09-05 352-76-4532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NUMBER