

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90151 045 ****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

30020000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05302006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-2106878

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDONE, DEBRA
4347 KETTERING RD
BROOKSVILLE, FL 34602

Name Moore, NANCY A
Street Address (P.O. Box Number is Not Acceptable)
19490 Oliver St.
City Brooksville FL Zip Code 34601

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)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEDONE, DEBRA	
STREET ADDRESS	4347 KETTERING RD	
CITY - ST - ZIP	BROOKSVILLE, FL 34601	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNARDINI, JOE	
STREET ADDRESS	201 HOWELL AVE	
CITY - ST - ZIP	BROOKSVILLE, FL 34601	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, NANCY A	
STREET ADDRESS	19490 OLIVER STREET	
CITY - ST - ZIP	BROOKSVILLE, FL 34601	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAINUM, LORI	
STREET ADDRESS	11192 WEATHERLY ROAD	
CITY - ST - ZIP	BROOKSVILLE, FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pedone, Debra	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	moore, NANCY A	
STREET ADDRESS	19490 Oliver St	
CITY - ST - ZIP	Brooksville, FL 34601	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mamo Judy	
STREET ADDRESS	1000 S. Broad St	
CITY - ST - ZIP	Brooksville FL 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Nancy A Moore for The Corp 06/01/06 352-754-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #