


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90002 025 ****61.25

EPDVNF0U!\$ 761583 2/ Entity Name HERNANDO COUNTY FAIR ASSOCIATION, INC.	
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Principal Place of Business 7547 CSPBETU CSPPLTWNF:GM45712	Mailing Address QPI/CPY121567 CSPPLTWNF:GM45714.1567
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01172007 Op!Di h.OQ DS3F148)5017*

5/ FEI Number 59-2106878	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/>	%8/86 Beejupobm G1!S!r vj!e

7/ Obn f!boe!Bees t t!pgDvs!ouSf hjt if s!e!Bhf ou
MOORES, NANCY A Bernardini, Joe 19490 OLIVER ST 201 Howell Av BROOKSVILLE, FL 34601 Brooksville, FL 34601


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9/ 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  DATE 6/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 NbziCf! Beef elup!G f t
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21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEDONE, DEBRA DeHoff Cathy 4847 KETTERING RD 10425 Osceola Dr BROOKSVILLE, FL 34601 New Port Richey FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARDINI, JOE 201 HOWELL AVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORES, NANCY A Nicholson, Sandra 19490 OLIVER STREET 919 N. main St BROOKSVILLE, FL 34601 Brooksville, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAMO, JUDY 1000 SOUTH BROAD ST BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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23/ 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.
T.HOBUSF; X  DATE 6/5/07 352-796-4552
T.HOBUSFIBOE!UCFE!PSIGS!OUFE!OBNF!PGT!HCH!PGG!DFS!PS!E!S!F!D!UPS

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">40121954</div>	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2106878	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOORES, NANCY A 19490 OLIVER ST BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	TD PEDONE, DEBRA 4347 KETTERING RD BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete			
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	PD MOORES, NANCY A 19490 OLIVER STREET BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAMO, JUDY 1000 SOUTH BROAD ST BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					