


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90004 023 ****70.00

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2106878	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BERNARDINI, JOE 201 HOWELL AVE BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Sandra Nicholson Street Address (P.O. Box Number is Not Acceptable) 10143 Scott William Trail 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 _____ <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 September 12, 2008		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 DEHOFF, CATHY 10425 OSCEOLA DR NEW PORT RICHEY, FL 34654 Change See 11	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nicholson, Sandra 10143 Scott William Trail Brooksville, FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARDINI, JOE 201 HOWELL AVE BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DeHoff, Cathy 10425 Osceola Dr New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICHOLSON, SANDRA 919 N MAIN ST BROOKSVILLE, FL 34601 Change See 11	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Klimes, Shari 26250 Olympia Rd Brooksville FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAMO, JUDY 1000 SOUTH BROAD ST BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sims, Stephanie 4495 Plumosa St. Spring Hill, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
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 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: <i>Sandra Nicholson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05/28/08 352-650-4199 <small>Date Daytime Phone #</small>		

ATTACHMENT

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Document Number 761583
Business Entity Name HERNANDO COUNTY FAIR ASSOCIATION, INC.
FEI Number 592106878
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 6436 BROAD ST.
City, State BROOKSVILLE, FL
Zip Code & Country 34601

Mailing Address

Address P.O. BOX 10456
City, State BROOKSVILLE, FL
Zip Code & Country 34603

Name And Address of Registered Agent

Name (Last, First, Middle, Title) NICHOLSON, SANDRA, PD
Address 10143 SCOTT WILLIAM TRAIL
City, State BROOKSVILLE, FL
Zip Code & Country 34601 US
Registered Agent Signature SANDRA NICHOLSON

Officer/Director Name And Address

Name And Address #1

Title PD
Name (Last, First, Middle, Title) NICHOLSON, SANDRA
Street Address 10143 SCOTT WILLIAM TRAIL
City, State BROOKSVILLE, FL
Zip Code & Country 34601

Name And Address #2

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761583

Title VD
Name (Last, First, Middle, Title) DEHOFF, CATHY
Street Address 10425 OSCEOLA DR
City, State NEW PORT RICHEY, FL
Zip Code & Country 34654

Name And Address #3

Title TD
Name (Last, First, Middle, Title) KLIMAS, SHARI
Street Address 26250 OLYMPIA RD
City, State BROOKSVILLE, FL
Zip Code & Country 34601

Name And Address #4

Title SD
Name (Last, First, Middle, Title) SIMS, STEPHANIE
Street Address 4495 PLUMOSA ST
City, State SPRING HILL, FL
Zip Code & Country 34607

Title PD
Officer/Director Signature SANDRA NICHOLSON

Continue