2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761583

FILED Jun 22, 2009 Secretary of State

Entity Name: HERNANDO COUNTY FAIR ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6436 BROAD ST. BROOKSVILLE, FL 34601 **Current Mailing Address: New Mailing Address:** P.O. BOX 10456 P.O. BOX 10456 BROOKSVILLE, FL 346030456 BROOKSVILLE, FL 34603 FEI Number: 59-2106878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICHOLSON, SANDRA 10143 SCOTT WILLIAM TRAIL BROOKSVILLE, FL 34601 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NICHOLSON, SANDRA Name: Name: 10143 SCOTT WILLIAM TRAIL Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition DEHOFF, CATHY Name: ADKINS, JAMES Name: Address: 10425 OSCEOLA DR Address: 24402 MONDON HILL RD City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: BROOKSVILLE, FL 34601 Title: VD () Delete Title: SD (X) Change () Addition NICHOLSON, SANDRA LILLEY, NANCY Name: Name: 13382 WEBSTER ST Address: 919 N MAIN ST Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34613 Title: SD () Delete Title: TD (X) Change () Addition Name: SIMS, STEPHANIE Name: KLIMAS, SHARI 4495 PLUMOSA ST Address: Address: 26250 OLYMPIA RD City-St-Zip: SPRING HILL, FL 34607 City-St-Zip: BROOKSVILLE, FL 34601 Title: (X) Delete Title: () Change () Addition KLIMAS, SHARI Name: Name: 26250 OLYMPIA RD Address: Address: BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA NICHOLSON PD 06/22/2009