

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 761583

**FILED**  
**Feb 07, 2014**  
**Secretary of State**

**Entity Name:** HERNANDO COUNTY FAIR ASSOCIATION, INC.

**Current Principal Place of Business:**

6436 BROAD ST.  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10456  
BROOKSVILLE, FL 34603

**New Mailing Address:**

**FEI Number:** 59-2106878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLSON, SANDRA  
10143 SCOTT WILLIAM TRAIL  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

MCANDREW, ROBIN  
34898 LOUISE RD  
DADE CITY, FL 33523 US

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: ROBIN MCANDREW

02/07/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCANDREW, ROBIN  
Address: 34898 LOUISE  
City-St-Zip: DADE CITY, FL 33523

Title: VP  
Name: FINCHER, TAMMY  
Address: 6226 BOATWRITE  
City-St-Zip: BROOKSVILLE, FL 34608

Title: SEC  
Name: LILLEY, NANCY  
Address: 13382 WEBSTER ST  
City-St-Zip: BROOKSVILLE, FL 34613

Title: TRES  
Name: KLIMAS, SHARI  
Address: 26250 OLYMPIA RD  
City-St-Zip: BROOKSVILLE, FL 34601

I hereby 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 all other like empowered.

SIGNATURE: SHARI KLIMAS

TRES

02/07/2014

Electronic Signature of Signing Officer or Director

Date