


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90001 021 \*\*\*\*61.25

DOCUMENT # N03000008718					
1. Entity Name ST. JOHNS COUNTY FAIRGROUNDS, INC.					
Principal Place of Business 207 N MAIN ST HASTINGS, FL 32145			Mailing Address 207 N MAIN ST HASTINGS, FL 32145		
2. Principal Place of Business 5840 S.R. 207 Suite, Apt. #, etc.		3. Mailing Address 3125 Ag. Center DR Suite, Apt. #, etc.			
City & State Elkton, Fl		City & State St. Augustine, Fl		4. FEI Number 20-0445939	
Zip 32033		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  KLIPSTINE, EDWIN 207 N MAIN ST HASTINGS, FL 32145			7. Name and Address of New Registered Agent Name Edwin M. Klipstine Street Address (P.O. Box Number is Not Acceptable) 5055 Clymer Rd. City Elkton, Fl FL Zip Code 32033		
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 <i>Ed M Klip</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 5/13/04	
Filing Fee is \$61.25 Due by May 1, 2004		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	President Edwin M. Klipstine 5055 Clymer Rd Elkton, Fl 32033	<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	Secretary Donna Falke 3125 Ag. Center Drive St. Augustine, Fl 32092	<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	Treasurer Naomi Menser 5 Carey St. St. Augustine, Fl 32084	<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	Board of Director Sharon M. Register 430 S. Dancy St. Hastings, Fl 32145	<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	
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 exemption stated in Section 119.07(3)(i), 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>Ed M Klip</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 5/13/04	
				Daytime Phone # 904-692-1221	

I apologize for this Annual Report being late. We gave the information to our CPA in February and she failed to complete the report. We had just filed in October.

Please contact me if you need any additional information.