

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008718

1. Entity Name

ST. JOHNS COUNTY FAIRGROUNDS, INC.



Principal Place of Business

5840 SR 207
ELKTON, FL 32033

Mailing Address

3125 AG CENTER DR
SAINT AUGUSTINE, FL 32092



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0445939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLIPSTINE, EDWIN
5055 CLYMER RD
ELKTON, FL 32033

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KLIPSTINE, EDWIN M
STREET ADDRESS	5055 CLYMER RD
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	S
NAME	FALKE, DONNA
STREET ADDRESS	3125 AG CENTER DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	T
NAME	MENSER, NAOMI
STREET ADDRESS	5 CAREY ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	BOD
NAME	REGISTER, SHARON M
STREET ADDRESS	430 S DANCY ST
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80037-011 61.25

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IN THIS SPACE**

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: *Donna Falke* **DONNA FALKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-06

904 209-0430