

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003586

1. Entity Name
PASCO COUNTY FAIR ASSOCIATION, INC.



Principal Place of Business
**36722 SR 52
DADE CITY, FL 33525**

Mailing Address
**36722 SR 52
DADE CITY, FL 33525**



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-0815484 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CONVERSE, CLARK
36722 SR 52
DADE CITY, FL 33525**

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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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | SIMPSON, WILTON |
| STREET ADDRESS | 36722 S.R. 52 |
| CITY- ST- ZIP | DADE CITY, FL 33525 |
| TITLE | V |
| NAME | COLLURA, F.J |
| STREET ADDRESS | 36722 S.R. 52 |
| CITY- ST- ZIP | DADE CITY, FL 33525 |
| TITLE | S |
| NAME | WARD, JIM A |
| STREET ADDRESS | 36722 S.R. 52 |
| CITY- ST- ZIP | DADE CITY, FL 33525 |
| TITLE | T |
| NAME | DELONG, DONNA |
| STREET ADDRESS | 36722 S R 52 |
| CITY- ST- ZIP | DADE CITY, FL 33525 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

U00000679206
04/03/07-80027-023 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: WILTON SIMPSON, PRESIDENT, 3-23-07 352-567-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #