SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 08/95: $193 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $208)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # **N04485** **(1)**

1. Corporation Name

ALACHUA COUNTY YOUTH FAIR AND LIVESTOCK SHOW ASS OCIATION, INC.

Principal Place of Business	Mailing Address
2600 NE 39TH AVENUE GAINESVILLE FL 32609	2600 NE 39TH AVENUE GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1984
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2319316 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GENTRY, JOHN E
2602 NW 156 AVE
~~409 N.E. 1ST STREET~~
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name: John E. Gentry
82 Street Address (P.O. Box Number is Not Acceptable): 2602 N.W. 156th Ave
83
84 City: Gainesville FL 85 Zip Code: 32609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John E. Gentry — 7/25/95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CELLON, BILL	1.2 NAME	Bobby Chesser	
STREET ADDRESS	17218 N ST RD 121	1.3 STREET ADDRESS	Route 4 box 98	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCKINNON, DAN	2.2 NAME	Donnie Odom	
STREET ADDRESS	1026 NW 21ST TERRACE	2.3 STREET ADDRESS	Rt 1 Box 27A	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	IMLER, JOAN	3.2 NAME		
STREET ADDRESS	RT 2 BOX 117	3.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	GENTRY, JOHN E	4.2 NAME		
STREET ADDRESS	2602 NW 156TH AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E. Gentry — 7/25/95 — 904-395-5251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003251