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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

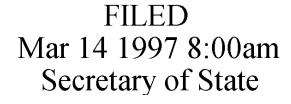
N04485

(1)

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

Principal Place of Business

Mailing Address





2800 NE 39TH AVENUE GAINESVILLE FL 32809			2800 NE 39TH AVENUE GAINESVILLE FL 32609-2658					
						3. Date Incorporated or Qualified 07/31/1984	3a. Date of La 07/19/	st Report 1996
2. Principal Place of Business		2a. Mailing	2a. Mailing Address			4. FEI Number		Applied For
21		26				59-2319316		Not Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27				C. Dominicalo P. States Bos. GG	Fee	e Required
City & Stat	e	City & S	state			6. Election Campaign Financing		00 May Be
23	Country	28 Zip		Count		Trust Fund Contribution		led to Fees
Zip 24	— ·	· · · · · ·	_ 			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24]	9. Name and Address of C	29 urrent Registered An	ent	[30]		10. Name and Address of New Re		
	•			81	Name	10. (10.100 0.100 0.100 1.100	giotorou rigoin	
CENTRY	IOUN E				ļ			
	, JOHN E. / 156TH AVENUE		82 Street Add		Street Ac	Idress (P.O. Box Number is Not Acceptable)		
	/ 1361H AVENUE /ILLE FL 32609			83	il			
OMINEON	ILLE PL 32009							
				84	City		FL 85	Zip Code
11 Purcuent	to the provisions of Sections 613	7 0502 and 617 1508	Florida Statu	the about	ie-named co	orporation submits this statement for the p		on ite ranialated
office or r	registered agont, or both, in the	State of Florida Such	change was	authorized b	y the corpo	ration's board of directors. I hereby accep	t the appointment	l as registered
	im tamiliar with, and accept the o	obligations of Section	617.0503, FI	Iorida Statute	?S.			
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable	(NO	III : Boo stored Ar	ieo: signaturo rei	quired when reinstating)	DATE	
12.		S AND DIRECTORS		13.	jork algridiole (e.	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	PD		DELETE	11 TITLE			☐ Char	
NAME	ODOM, DONNIE			1.2 NAME	Ì		_	-
STREET ADDRESS	RT 1 BOX 22Q				1 ADDRESS			
CITY-ST-ZIP	ALACHUA FL			1.4 CITY -	1			
TITLE	VD		DELETE	2.1 TITLE	<u> </u>		Chan	ge Addition
NAME	TAYLOR, TOMMY			2.2 NAME				- '
STREET ADDRESS	RT 2 BOX 239			2.3 S1RFE	1 ADDRESS			
CITY-ST-ZIP	ALACHUA FL			2. 4 CITY				
TITLE	SD		DELETE	3.1 TITLE			☐ Chan	ge Addition
NAME	IMLER, JOAN			3.2 NAME	Ì			
STREET ADDRESS	RT 2 BOX 117			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ALACHUA FL			3.4. CITY-	-S1 - ZIP			
TITLE	TD		DELETE	4.1 TITLE			Chan	ge Addition
NAME	GENTRY, JOHN E			4. 2 NAM	:]			
STREET ADDRESS	2602 NW 156TH AVE			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			4.4 CITY-	S1-ZIP			
TITLE			DELFTE	5.1 TITLE			☐ Chan	ge Addition
NAME				5.2 NAME	}			
STREET ADDRESS				5.3 STREE	I ADDRESS			
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			
TITLE			DELETE	6.1 TITLE			Chan	ge Addition
NAME				6.2 NAME	-			
STREET ADDRESS				6.3 STREE	T ADDRESS			
CITY-ST-ZIP				64 CITY-	J			
	by certify that the information sur	onlied with this filing o	loes not qual			ted in Section 119.07(3)(i), Florida Statute	s. I further certify t	hat 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 trusted 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.