

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N04485

(1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

2800 NE 39TH AVENUE  
GAINESVILLE FL 32609

2800 NE 39TH AVENUE  
GAINESVILLE FL 32609

3. Date Incorporated or Qualified

07/31/1984

4. FEI Number

59-2319316

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



9. Name and Address of Current Registered Agent

GENTRY, JOHN E.  
2602 NW 156TH AVENUE  
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ODOM, DONNIE  
STREET ADDRESS RT 1 BOX 22Q  
CITY-ST-ZIP ALACHUA FL

DELETE

TITLE VD  
NAME TAYLOR, TOMMY  
STREET ADDRESS RT 2 BOX 239  
CITY-ST-ZIP ALACHUA FL

DELETE

TITLE SD  
NAME IMLER, JOAN  
STREET ADDRESS RT 2 BOX 117  
CITY-ST-ZIP ALACHUA FL

DELETE

TITLE TD  
NAME GENTRY, JOHN E  
STREET ADDRESS 2602 NW 156TH AVE  
CITY-ST-ZIP GAINESVILLE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/98 352-395-5251  
Date Daytime Phone #

FILED  
Sep 03 1998 8:00am  
Secretary of State



CR2E037 (5/98)