


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 048 ****61.25

DOCUMENT # N04485 1. Entity Name ALACHUA COUNTY YOUTH FAIR AND LIVESTOCK SHOW ASSOCIATION, INC.					
Principal Place of Business 2800 NE 39TH AVENUE GAINESVILLE, FL 32609			Mailing Address PO BOX 350486 GAINESVILLE, FL 32635		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2800 NE 39 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Gainesville, FL		4. FEI Number 59-2319316	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32609		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURNHAM, STELLA 22202 OLD PROVIDENCE RD. ALACHUA, FL 32615				7. Name and Address of New Registered Agent Name Lorrie J. Smith Street Address (P.O. Box Number is Not Acceptable) 1104 NE 4 Ave City Gainesville FL Zip Code 32641	
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 <i>Lorrie J. Smith</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Lorrie J. Smith <small>(NOTE: Registered Agent signature required when reinstating)</small>		8/22/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, DONNIE 12538 NW 104TH LANE ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SCOTT 16401 NW 78TH AVE ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINES, DAVID 1019 NE 90TH AVE HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, GUY 15701 NW 278TH AVE ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, SHANNA 15419 S BOUNDARY ST ARCHER, FL 32618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15423 SW 154 Street	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNHAM, STELLA 22202 OLD PROVIDENCE RD ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Lorrie J. Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/22/07 <small>Date</small>		352-278-8088 <small>Daytime Phone #</small>	

Alachua County Youth Fair and Livestock Show Association, Inc.

Additions to Officers and Directors: ATTACHMENT

T

Smith, Lorrie J.
11704 NE 4th Avenue
Gainesville, FL 32641

40130303

104485

V

Hyde, Karen
19714 NW 78th Avenue
Alachua, FL 32615

D

Anderson, Michael
25911 NW 182nd Avenue
High Springs, FL 32643

D

Banner, Toots
6446 SE 169th Avenue
Micanopy, FL 32667

D

Blackwell, Andy
15715 SW 59th Avenue
Archer, FL 32618

D

Carter, Pam
28226 NW County Rd 241
Alachua, FL 32615

D

Crane, Andy
PO Box 2201
Alachua, FL 32616

D

Eubanks, Kathleen
3615 SW Wacahoota Rd
Micanopy, FL 32667

D

Everidge, Chenoa
18321 SW 46th Avenue
Archer, FL 32618

D

Johnson, Tim
1027 SE County Rd 219A
Hawthorne, FL 32640

D

Kaufman, Jean
8729 SW 145th Place
Archer, FL 32618

D

Massagee, Kim
20804 SW 95th Avenue
Archer, FL 32618

D

Mikell, Tom
15015 NW 89th Street
Alachua, FL 32615

D

Neilsen, Kelley
3524 NW 10th Avenue
Gainesville, FL 32605

D

Owens, Wayne
22120 NW 78th Avenue
Alachua, FL 32615

D

Sheffield, Stacey
26934 NW 130th Avenue
High Springs, FL 32643

D

Waitcus, Susan
15218 NW 258th Place
Alachua, FL 32615

D

Williams, Larry
13918 NW 15th Lane
Gainesville, FL 32606

ATTACHMENT

40130303

V04485