2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04485

FILED Jun 24, 2009 Secretary of State

Entity Name: ALACHUA COUNTY YOUTH FAIR AND LIVESTOCK SHOW ASSOCIATION, INC.

Current Principal Place of Business:		New Princi	New Principal Place of Business:	
	9TH AVENUE LLE, FL 32609			
Current Mailing Address:		New Mailin	New Mailing Address:	
	9TH AVENUE LLE, FL 32609			
	59-2319316 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not Address of Current Registered Agent:	-		
SMITH, LO 11704 NE 4	RRIE	Name and A	address of New Registered Agent.	
The above in the State	named entity submits this statement for the pu of Florida.	urpose of changing its	registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ager	nt	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete ANDERSON, MICHAEL 25911 NW 182ND AVENUE HIGH SPRINGS, FL 32643	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BANNER, TOOTS 6446 SE 169TH AVE MICANOPY, FL 32667	Name: Address:	V (X) Change()Addition BANNER, TOOTS 6446 SE 169TH AVE MICANOPY, FL 32667	
Title: Name: Address: City-St-Zip:	P () Delete HINES, DAVID 1019 NE 90TH AVE HIGH SPRINGS, FL 32643	Name: Address:	D (X) Change () Addition HINES, DAVID 1019 NE 90TH AVE HIGH SPRINGS, FL 32643	
Title: Name: Address: City-St-Zip:	D () Delete BLACKWELL, ANDY 15715 SW 59TH AVENUE ARCHER, FL 32618	Name: Address:	D (X) Change () Addition EVERIDGE, CHENOA 18321 SW 46TH AVENUE ARCHER, FL 32618	
Title: Name: Address: City-St-Zip:	S () Delete DAVIS, SHANNA 15423 SW 154TH STREET ARCHER, FL 32618	Address:	P (X) Change () Addition DAVIS, SHANNA 15423 SW 154TH STREET ARCHER, FL 32618	
Title: Name: Address: City-St-Zip:	D () Delete CARTER, PAM 28226 NW COUNTY RD 241 ALACHUA, FL 32615	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNA DAVIS P 06/24/2009