

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003167

FILED
Mar 15, 2009
Secretary of State

Entity Name: FLAGLER COUNTY FAIR AND YOUTH SHOW, INC.

Current Principal Place of Business:

150 SAWGRASS RD.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 517
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-2925812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCKLES, PENNY
601 N. PINE ST..
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CODY, DAN
Address: 150 SAWGRASS RD.
City-St-Zip: BUNNELL, FL 32110

Title: V () Delete
Name: HOLMES, RANDY
Address: 150 SAWGRASS RD.
City-St-Zip: BUNNELL, FL 32110

Title: SD () Delete
Name: JONES, JEANETTE
Address: P. O. BOX 517
City-St-Zip: BUNNELL, FL 32110

Title: TD () Delete
Name: BUCKLES, PENNY
Address: P. O. BOX 517
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: TUCKER, MARTIN
Address: P. O. BOX 517
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: BOYD, MIKE
Address: P. O. BOX 517
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PENNY BUCKLES

TREA

03/15/2009

Electronic Signature of Signing Officer or Director

Date