

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010064

FILED
Jan 21, 2009
Secretary of State

Entity Name: COLLIER COUNTY AGRICULTURAL FAIR & EXPOSITION, INC.

Current Principal Place of Business:

751 39TH AVENUE NE
NAPLES, FL 34120 US

New Principal Place of Business:

Current Mailing Address:

751 39TH AVENUE NE
NAPLES, FL 34120 US

New Mailing Address:

FEI Number: 59-1708885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, RICK
751 39TH AVENUE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

JOLLY, DON
751 39TH AVENUE NE
NAPLES, FL 34120 US

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: DON JOLLY

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOLLY, DON
Address: 270 31ST STREET NW
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: HOLLAND, DOUG
Address: 3500 29TH AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: S () Delete
Name: COOKSON, PAT
Address: 1496 GULFCOAST DRIVE
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: HOEGSTED, LOU
Address: 14895 PLEASANT BAY LANE #5101
City-St-Zip: NAPLES, FL 34119

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:

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: DON JOLLY

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date