

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012304

FILED
Feb 12, 2009
Secretary of State

Entity Name: GLADES COUNTY YOUTH LIVESTOCK SHOW, INC.

Current Principal Place of Business:

900 HWY 27 NORTH DOYLE CONNER BUILDING
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

PO BOX 549
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACKSON, ANDREW B
150 NORTH COMMERCE AVE
SEBRING, FL 338703201 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: DP () Delete
Name: PERRY, CARL
Address: 950 WESTERN ROAD
City-St-Zip: MOORE HAVEN, FL 33471

Title: DVP () Delete
Name: BASS, SCOTT
Address: 6100 CALOOSA STREET
City-St-Zip: MOORE HAVEN, FL 33471

Title: DS () Delete
Name: LEE, MIKE
Address: PO BOX 1037
City-St-Zip: MOORE HAVEN, FL 33471

Title: DT () Delete
Name: AHERN, JOHN
Address: PO BOX 176
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEE, MIKE
Address: PO BOX 1037
City-St-Zip: MOORE HAVEN, FL 33471

Title: DVP (X) Change () Addition
Name: PRYOR, WESTON
Address: 4460 N US HWY 27
City-St-Zip: MOORE HAVEN, FL 33471

Title: DS (X) Change () Addition
Name: LUNDY, JACK
Address: PO BOX 579
City-St-Zip: MOORE HAVEN, FL 33471

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: JOHN AHERN

DT

02/12/2009

Electronic Signature of Signing Officer or Director

Date