2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N14106

Entity Name: FLORIDA FEDERATION OF FAIRS AND LIVESTOCK SHOWS

Current Principal Place of Business:

522 BUCKHAVEN LOOP
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

522 BUCKHAVEN LOOP
OCOEE, FL 34761

New Mailing Address:

7108 FAIRWAY DRIVE
SUITE 200
PALM BEACH GARDENS, FL 33418 US

FEI Number: 59-2627216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOSTER, JOHN FENN
501 S. FLAGLER DRIVE
SUITE 305
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

FOSTER, JOHN FENN
7108 FAIRWAY DRIVE
SUITE 200
PALM BEACH GARDENS, FL 33418 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: JOHN FENN FOSTER 05/02/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: 2VPD ( ) Delete
Name: CONVERSE, CLARK
Address: 36722 S.R. 52
City-St-Zip: DADE CITY, FL 33525

Title: 1VPD ( ) Delete
Name: PRICE, CHARLIE
Address: 4603 WEST COLONIAL
City-St-Zip: ORLANDO, FL 32808

Title: ST ( ) Delete
Name: HINTON, LISA
Address: P.O. BOX 11766
City-St-Zip: TAMPA, FL 33680

Title: PD ( ) Delete
Name: NORRIS, C.E. II
Address: P.O. BOX 1981
City-St-Zip: EUSTIS, FL 327270221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VPD (X) Change ( ) Addition
Name: CHOURIS, VICKI
Address: P.O. BOX 210367
City-St-Zip: WEST PALM BEACH, FL 33421 US

Title: 2VPD (X) Change ( ) Addition
Name: MOSLEY, ALTA
Address: 11831 BAYSHORE ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: PD (X) Change ( ) Addition
Name: HINTON, LISA
Address: P.O. BOX 11766
City-St-Zip: TAMPA, FL 33680 US

Title: STD (X) Change ( ) Addition
Name: GRASKA, DORIS
Address: 3600 S. FLORIDA AVE
City-St-Zip: INVERNESS, FL 34450 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA HINTON P 05/02/2005
Electronic Signature of Signing Officer or Director Date