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Jun 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26858** (3)

1. Corporation Name

MARION COUNTY FAIR, INC.

Principal Place of Business

**POST OFFICE BOX 1767
OCALA FL 34478
US**

Mailing Address

**POST OFFICE BOX 1767
OCALA FL 34478-1767
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/08/1988

3a. Date of Last Report

10/18/1996

4. FEI Number

59-2928811

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TEDDER, RANDALL G
12257 S HWY 441
BELLEVIEW FL 32620**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **TEDDER, RANDALL G**
STREET ADDRESS **12257 S HWY 441**
CITY-ST-ZIP **BELLEVIEW FL 32620**

TITLE **SD** ☒ DELETE

NAME **TEDDER, MYRA L**
STREET ADDRESS **12257 S HWY 441**
CITY-ST-ZIP **BELLEVIEW FL 32620**

TITLE **PD** ☐ DELETE

NAME **DRAPER, RAY**
STREET ADDRESS **3119 NE CO HWY 314-A**
CITY-ST-ZIP **SILVER SPRINGS FL 3448**

TITLE **VPD** ☐ DELETE

NAME **DAVISON, PAT**
STREET ADDRESS **P.O. BOX 579 N/A**
CITY-ST-ZIP **S.S. FL 34488**

TITLE **TD** ☒ DELETE

NAME **ANGELICO, HANK**
STREET ADDRESS **P.O. BOX 7524 N/A**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **BONNIE RAINBOW** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **NANCY C. JACKSON** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

NANCY C JACKSON

CR2E037 (9/96)