


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N46064 1. Entity Name WASHINGTON COUNTY YOUTH FAIR, INC.						FILED 04 APR 29 AM 8:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1424 JACKSON AVENUE SUITE A CHIPLEY, FL 32428				Mailing Address 1424 JACKSON AVENUE SUITE A CHIPLEY, FL 32428			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-2961419				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALEXANDER, NANCY 1424 JACKSON AVE. SUITE A CHIPLEY, FL 32428				7. Name and Address of New Registered Agent Name <u>Varnes, Kelly</u> Street Address (P.O. Box Number is Not Acceptable) <u>1424 Jackson Ave., Suite A</u> City <u>Chipley</u> FL Zip Code <u>32428</u>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Kelly O. Varnes</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/16/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ANDY <input type="checkbox"/> Delete 1424 JACKSON AVE STE A CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800035733778 05/07/04--01019--019 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete ALEXANDER, NANCY 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Varnes, Kelly 1424 Jackson Avenue, Suite A. Chipley, FL 32428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete MCFATTER, CONNIE 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Marco, Katie 1424 Jackson Avenue, Suite A Chipley, FL 32428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete SUGGS, MYRA 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Hayes, Marsha 1424 Jackson Avenue, Suite A Chipley, FL 32428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete PATE, CLINT 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BRIAN, LEE 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Marsha Hayes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-16-04</u> Daytime Phone # <u>850-638-7708</u>			