2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46064

FILED May 01, 2006 Secretary of State

Entity Name: WASHINGTON COUNTY YOUTH FAIR, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
SUITE A	KSON AVENUE FL 32428			
Current Mailing Address:		New Maili	New Mailing Address:	
SUITE A	KSON AVENUE FL 32428			
n accordan	: 59-2961419 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did not	· ·	e.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
ANDREASEN, ANDY 1424 JACKSON AVE. SUITE A CHIPLEY, FL 32428 US		1424 JAC	KENDRICK, LEE ANN 1424 JACKSON AVE. SUITE A CHIPLEY, FL 32428 US	
	named entity submits this statement for the pu e of Florida.	rpose of changing i	its registered office or registered agent, or both,	
SIGNATUF	RE: LEE ANN KENDRICK		05/01/2006	
	Electronic Signature of Registered Agen	t	Date	
OFFICERS	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	D () Delete ANDREASEN, ANDY 1424 JACKSON AVE STE A CHIPLEY, FL 32428 VD () Delete GILBERT, JOHN 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428 SD () Delete MARCO, KATIE 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428 TD () Delete HAYES, MARSHA 1424 JACKSON AVENUE, SUITE A	Title: Name: Address:	D (X) Change () Addition GILBERT, JOHN 1424 JACKSON AVENUE, SUITE A	
City-St-Zip: Title: Name: Address: City-St-Zip:	CHIPLEY, FL 32428 SD () Delete BRIAN, LEE 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition WEBB, DIANE 1424 JACKSON AVENUE, SUITE A CHIPLEY, FL 32428	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARSHA HAYES TD 05/01/2006