

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46064

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: WASHINGTON COUNTY YOUTH FAIR, INC.

**Current Principal Place of Business:**

1424 JACKSON AVENUE  
SUITE A  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**

1424 JACKSON AVENUE  
SUITE A  
CHIPLEY, FL 32428

**New Mailing Address:**

FEI Number: 59-2961419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DILLARD, JULIE P  
1424 JACKSON AVE. SUITE A  
CHIPLEY, FL 32428 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: SD ( ) Delete  
Name: DRAAYOM, GERTA  
Address: 1424 JACKSON AVE STE A  
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete  
Name: GILBERT, JOHN  
Address: 1424 JACKSON AVENUE, SUITE A  
City-St-Zip: CHIPLEY, FL 32428

Title: SD ( ) Delete  
Name: ACUFF, TAINA  
Address: PO BOX 861  
City-St-Zip: CHIPLEY, FL 32428

Title: TD ( ) Delete  
Name: PRICHARD, CAREN  
Address: 1330A ORANGE HILL RD  
City-St-Zip: CHIPLEY, FL 32428

Title: SD ( ) Delete  
Name: BRIAN, LEE  
Address: 1424 JACKSON AVENUE, SUITE A  
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete  
Name: WEBB, DIANE  
Address: 1424 JACKSON AVENUE, SUITE A  
City-St-Zip: CHIPLEY, FL 32428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: DRAAYOM, GERTA  
Address: 1424 JACKSON AVE STE A  
City-St-Zip: CHIPLEY, FL 32428

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GRETA B. DRAAYOM

SD

01/06/2009

Electronic Signature of Signing Officer or Director

Date