

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90011 030 ****61.25

DOCUMENT # N46064

1. Entity Name

WASHINGTON COUNTY YOUTH FAIR, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2961419**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D	<input type="checkbox"/> Delete
NAME	ANDERSON, ANDY	
STREET ADDRESS	1424 JACKSON AVE STE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALEXANDER, NANCY	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCFATTER, CONNIE	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUGGS, MYRA	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATE, CLINT	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRIAN, LEE	
STREET ADDRESS	1424 JACKSON AVENUE, SUITE A	
CITY-ST-ZIP	CHIPLEY FL 32428	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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:

Myra Suggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03

8506380250