

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90073 026 ****61.25

DOCUMENT # N49587

1. Entity Name
**THE SARASOTA COUNTY AGRICULTURAL FAIR
ASSOCIATION, INC.**



Principal Place of Business

**3000 RINGLING BLVD
SARASOTA, FL 34237**

Mailing Address

**3000 RINGLING BLVD
SARASOTA, FL 34237**

4000-



DO NOT WRITE IN THIS SPACE

01302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1228365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, RORY S
3000 RINGLING BLVD
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, RORY 7851 CAMPBELL RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, STEPHEN 7535 PRESERVES COURT SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLAIN, BILL 5503 HOWARD CREEK RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODGERS, JUDY 6363 ROOKERY CIRCLE BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASKINS, CARL 2801 JOSHUA DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #