

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51428

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** KISSIMMEE VALLEY LIVESTOCK SHOW & FAIR, INC.

**Current Principal Place of Business:**

1911 KISSIMMEE VALLEY LANE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1911 KISSIMMEE VALLEY LANE  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 59-6151275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROWE, DAWN  
KISSIMMEE VALLEY LIVESTOCK SHOW & FAIR  
1911 KISSIMMEE VALLY LANE  
KISSIMMEE, FL 34744 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: VD2  
Name: WALTER, MATT VP2  
Address: 1909 EASTERN AVE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: PD  
Name: DAVIS, DALE PRESIDE  
Address: 4375 DEER RUN RD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: VD1  
Name: NELSON, RICK VP1  
Address: 2555 BROADVIEW ACRES  
City-St-Zip: KISSIMMEE, FL 34744

Title: SD  
Name: PLYLAR, PAM SECRETA  
Address: 4661 ANDERSON RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: TD  
Name: MOORE, CINDY TREASUR  
Address: 4255 ALBRITTON RD  
City-St-Zip: ST. CLOUD, FL 34772

I hereby 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 all other like empowered.

SIGNATURE: DAWN ROWE

GM

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date