


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90005 015 \*\*\*\*70.00

**DOCUMENT # N93000000490**

1. Entity Name  
**WALTON COUNTY FAIR, INC.**



Principal Place of Business  
 790 HWY. 83  
 DEFUNIAK SPRINGS, FL 32433

Mailing Address  
 P.O. BOX 550  
 DEFUNIAK SPRINGS, FL 32435



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-1566427**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REGISTER, PATSY**  
**70 LAWRENCE LN.**  
**DEFUNIAK SPRINGS, FL 32433**

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 *Patsy Register - President* **2-1-04**

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, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make sure Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REFISTER, PATSY P.O. BOX 545 DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BASS, JUANITA 2433 COUNTY HWY. 278 DEFUNIAK SPRINGS, FL 32435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLIDEWELL, DANNY 462 GILL ROAD DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGRAM, CARRIE 5227 HWY 83 NORTH DEFUNIAK SPRINGS, FL 32433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDONALD, KEATON 1117 CAMPBELL RD. DEFUNIAK SPRINGS, FLORIDA 32435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTLET, JAMIE 5077 U.S. HIGHWAY 331N. DEFUNIAK SPRINGS, FLORIDA 32433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes, as 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, first I am an officer or director of the corporation.

SIGNATURE: *Patsy Register* **PATSY REGISTER** **2-1-04** **850-892-6150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #