

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90077 049 ****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
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40014006



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-NP CR2E037 (10/03)

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	McDonald Keaton
Street Address (P.O. Box Number is Not Acceptable)	
1117 Campbell Road	
City	Defuniak Springs FL
Zip Code	32435

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 *P. Keaton McDonald* **President** 2-1-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting.) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	REGISTER, PATSY		NAME	McDonald, Keaton	
STREET ADDRESS	P.O. BOX 545		STREET ADDRESS	1117 Campbell Rd	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP	Defuniak Springs, Fl. 32435	
TITLE	VPD	☒ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	MCDONALD, KEATON		NAME	Glide well, DANNY	
STREET ADDRESS	1117 CAMPBELL RD		STREET ADDRESS	462 Gill Road	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		CITY-ST-ZIP	Defuniak Springs, Fl. 32433	
TITLE	SD	☒ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	GLIDEWELL, DANNY		NAME	Robin Newton	
STREET ADDRESS	482 GILL ROAD		STREET ADDRESS	6749 Highway 183 South	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	Ponce De Leon, Fl 32455	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARTLETT, JAMIE		NAME		
STREET ADDRESS	5077 US HIGHWAY 331N		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: *P. Keaton McDonald* **KEATON McDonald** 2-1-2005
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR Date Daytime Phone #