


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90972 024 ****61.25

DOCUMENT # N95000001018 1. Entity Name PUTNAM COUNTY FAIR AUTHORITY, INC.					
Principal Place of Business 117 YELVINGTON RD EAST PALATKA, FL 32131-8892			Mailing Address PO BOX 400 EAST PALATKA, FL 32131-8892		
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 59-3232490	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VEAL, TERES J PO BOX 400 117 YELVINGTON RD EAST PALATKA, FL 32131-8892			Name Newbold, J.R., III Street Address (P.O. Box Number is Not Acceptable) 610 Old Highway 17 City Crescent City FL Zip Code 32112		
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 <u><i>J.R. Newbold</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES		NAME	Newbold, J.R., III	
STREET ADDRESS	511 TOWLES AVE		STREET ADDRESS	610 Old Highway 17	
CITY-ST-ZIP	PALATKA, FL 32117		CITY-ST-ZIP	Crescent City FL 32112	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBOLD, J.R. III		NAME	Smith, Charles	
STREET ADDRESS	610 OLD HIGHWAY 17		STREET ADDRESS	511 Towles Ave	
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP	PALATKA, FL 32117	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEAL, TERES		NAME		
STREET ADDRESS	PO BOX 596		STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOTES, GWEN		NAME		
STREET ADDRESS	154 HUNTER RD		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	MG	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEAL, TERES J		NAME		
STREET ADDRESS	PO BOX 596		STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(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: <u><i>J.R. Newbold</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-26-05</u> Daytime Phone # <u>386-698-1074</u>		