

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 08:00 A
Secretary of State

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



05162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3232490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWBOLD, J R III
610 OLD HIGHWAY 17
CRESCENT CITY, FL 32112

**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 September 14, 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	P NEWBOLD, J R III 610 OLD HIGHWAY 17 CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSH, FRANK 1062 SOUTH STATE RD 19 PALATKA, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTES, GWEN 154 HUNTER RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELLS, MARY KAY PO BOX 481 HOLLISTER, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/01/07-80010-004 70.00

**DO NOT WRITE
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: Susan N. Goolsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07 386-329-0318