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Sep 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004343 (8)
1. Corporation Name
HENDRY COUNTY FAIR AND LIVESTOCK SHOW, INC.



Principal Place of Business: 710 S FRANCISCO ST CLEWISTON FL 33440
Mailing Address: P O BOX 1356 CLEWISTON FL

3. Date Incorporated or Qualified: 08/29/1995
4. FEI Number: 59-1099492
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MCGAHEE, MELANIE A, 333 S COMMERCIO ST, SUITE B, CLEWISTON FL 33440

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	President
NAME	SWINDLE, YVONNE	1.2 NAME	Charles Peacock
STREET ADDRESS	710 S FRANCISCO ST	1.3 STREET ADDRESS	710 S. Francisco St.
CITY-ST-ZIP	CLEWISTON FL 33440	1.4 CITY-ST-ZIP	Clewiston, Fl. 33440
TITLE	TS	2.1 TITLE	TR TS
NAME	SPARKS, DONNA T.	2.2 NAME	Donna Sparks
STREET ADDRESS	RT. 2 BOX 659. TAFT BLVD.	2.3 STREET ADDRESS	Rt. 2 Box 659 Taft Blvd.
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	Clewiston, Fl. 33440
TITLE	TR	3.1 TITLE	VP
NAME	WISEMAN, GAIL	3.2 NAME	Marcus Pickron
STREET ADDRESS	710 S FRANCISCO ST	3.3 STREET ADDRESS	710 S. Francisco St.
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	Clewiston, Fl. 33440
TITLE	D	4.1 TITLE	TR
NAME	HOWARD, DONNA	4.2 NAME	stere Paige
STREET ADDRESS	PO BOX 1132	4.3 STREET ADDRESS	710 S. Francisco St.
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	Clewiston, Fl. 33440
TITLE	T	5.1 TITLE	TR
NAME	SCHEFFLER, SEAN	5.2 NAME	Kenneth Keen
STREET ADDRESS	PO BOX 627	5.3 STREET ADDRESS	710 S. Francisco Street
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	Clewiston, Fl. 33440
TITLE	VT	6.1 TITLE	
NAME	SWINDLE, MICHAEL	6.2 NAME	
STREET ADDRESS	710 S. FRANCISCO ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E037 (10/97)