

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004343

FILED
Apr 22, 2009
Secretary of State

Entity Name: HENDRY COUNTY FAIR AND LIVESTOCK SHOW, INC.

Current Principal Place of Business:

710 S FRANCISCO ST
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

P O BOX 1356
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-1099492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGAHEE, MELANIE A
417 W. SUGARLAND HWY.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWINDLE, YVONNE
Address: 710 S FRANCISCO ST
City-St-Zip: CLEWISTON, FL 33440

Title: VP () Delete
Name: LEE, TIMMY
Address: 710 SOUTH FRANCISCO COURT
City-St-Zip: CLEWISTON, FL 33440

Title: S () Delete
Name: BELCHER, TARA
Address: 710 S FRANCISCO ST
City-St-Zip: CLEWISTON, FL 33440

Title: TR () Delete
Name: NESBITT, TRACY
Address: 710 S FRANCISCO ST
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: PEACOCK, SHERRY
Address: 710 SOUTH FRANCISCO ST
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: KELLEY, LISA
Address: 710 S FRANCISCO STREET
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE SWINDLE

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date