


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000902 1. Entity Name FLORIDA STATE FAIR FOUNDATION, INC.	
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Principal Place of Business 4800 N. HIGHWAY 301 TAMPA, FL 33610	Mailing Address 4800 N. HIGHWAY 301 TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3362841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFF, GORDON J ESQ
1211 N. WESTSHORE BLVD SUITE 401
TAMPA, FL 33607

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

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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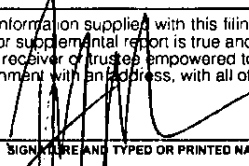
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, ROBERT M 40 RANCH ROAD THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLTON, DOYLE E III PO BOX 144 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMOR, JACK PO BOX 111 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICOLETTE, JOHN PO BOX 69 SAN ANTONIO, FL 33576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTT, OLIN PO BOX 11994 TAMPA, FL 33680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000956237
07/24/08-80004-016 61.25

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:  **7/21/08 813-986-5788 x25**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR