

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000902

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: FLORIDA STATE FAIR FOUNDATION, INC.

## Current Principal Place of Business:

4800 N. HIGHWAY 301  
TAMPA, FL 33610

## New Principal Place of Business:

4800 U.S. HIGHWAY 301 NORTH  
TAMPA, FL 336107350 US

## Current Mailing Address:

4800 N. HIGHWAY 301  
TAMPA, FL 33610

## New Mailing Address:

P.O. BOX 11766  
TAMPA, FL 336801766 US

FEI Number: 59-3362841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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:

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: THOMAS, ROBERT M  
Address: 40 RANCH ROAD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD ( ) Delete  
Name: CARLTON, DOYLE E III  
Address: PO BOX 144  
City-St-Zip: WAUCHULA, FL 33873

Title: SD ( ) Delete  
Name: AMOR, JACK  
Address: PO BOX 111  
City-St-Zip: TAMPA, FL 33601

Title: TD (X) Delete  
Name: NICOLETTE, JOHN  
Address: PO BOX 69  
City-St-Zip: SAN ANTONIO, FL 33576

Title: D (X) Delete  
Name: MOTT, OLIN  
Address: PO BOX 11994  
City-St-Zip: TAMPA, FL 33680

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: THOMAS, ROBERT M  
Address: 40 RANCH ROAD  
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: D (X) Change ( ) Addition  
Name: LYKES, CHARLES P JR  
Address: 5418 LYKES LANE  
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change ( ) Addition  
Name: DAVIS, CHARLES M JR  
Address: 1010 FRANKLAND ROAD  
City-St-Zip: TAMPA, FL 33629

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: ROBERT M THOMAS

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date