2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# N96000002050

Entity Name: WAKULLA EXPO ASSOCIATION, INC.

Current Principal Place of Business:

562 LOWER BRIDGE RD.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

PO BOX 237
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-3395116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAUSE, D.R.
233 EPSIE STRICKLAND RD.
CRAWFORDVILLE, FL 32327 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: PD
Name: VAUSE, D.R.
Address: 233 EPSIE STRICKLAND RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD
Name: DEFOOR, ALLISON
Address: 359 RIVER PLANTATION ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD
Name: VERSIGA, WILLIAM
Address: 12 TALL TIMBERS DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: PAYNE, WILLIAM
Address: 203 FRIENDSHIP CHURCH RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: SHINGLES, JOE
Address: 1009 WAKULLA SPRINGS RD.
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D
Name: BROWN, SHAROL
Address: 132 LITTLE CREEK DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: D. R. VAUSE PD 04/27/2011

Electronic Signature of Signing Officer or Director — Date