2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002050

FILED Jan 09, 2012 Secretary of State

Entity Name: WAKULLA EXPO ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

562 LOWER BRIDGE RD. 562 LOWER BRIDGE RD.

CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 UN

Current Mailing Address: New Mailing Address:

PO BOX 237

CRAWFORDVILLE, FL 32326

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAUSE, D.R. 233 EPSIE STRICKLAND RD. CRAWFORDVILLE, FL 32327 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:

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:

Name: PAYNE, WILLIAM

Address: 203 FRIENDSHIP CHURCH RD. City-St-Zip: CRAWFORDVILLE, FL 32327

Title:

Name: SHINGLES, JOE

Address: 1009 WAKULLA SPRINGS RD. City-St-Zip: CRAWFORDVILLE, FL 32326

Title:

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 01/09/2012