


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # N97000006213 1. Entity Name ALACHUA COUNTY FAIR ASSOCIATION, INC.	
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Principal Place of Business 2900 NE 39 AVE. GAINESVILLE, FL 32609	Mailing Address P.O. BOX 2566 GAINESVILLE, FL 32602
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04132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3508108	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  
  
ENWALL, PETER C.K.  
MERIDIEN CENTRE, STE. 200  
2790 NW 43 ST.  
GAINESVILLE, FL 32606

**DO NOT WRITE IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	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 SUMINSKI, HENRY 286 ASHLEY LAKE DRIVE MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARPER, JAMES D 7929 NE 44TH ST. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COVINGTON, IRVAN 20115 NW 46TH AVE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JESSE 4801 SW 47TH STREET GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILDS, ANN 815 VICTORIA COURT GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Iruan Covington 4-17-06 352-870-3245  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #