

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006213

FILED
Apr 29, 2007
Secretary of State

Entity Name: ALACHUA COUNTY FAIR ASSOCIATION, INC.

Current Principal Place of Business:

2900 NE 39 AVE.
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2566
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-3508108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENWALL, PETER C.K.
MERIDIEN CENTRE, STE. 200
2790 NW 43 ST.
GAINESVILLE, FL 32606 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 () Delete
Name: SUMINSKI, HENRY
Address: 286 ASHLEY LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: TD () Delete
Name: HARPER, JAMES D
Address: 7929 NE 44TH ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: PD () Delete
Name: COVINGTON, IRVAN
Address: 20115 NW 46TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: PD () Delete
Name: LEWIS, JESSE
Address: 4801 SW 47TH STREET
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: WILDS, ANN
Address: 815 VICTORIA COURT
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IRVAN COVINGTON

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date