

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 22, 2009
Secretary of State

DOCUMENT# N98000003888

Entity Name: SOUTHWEST FLORIDA & LEE COUNTY FAIR ASSOCIATION, INC.**Current Principal Place of Business:**11831 BAYSHORE RD.
NORTH FT. MYERS, FL 33917**New Principal Place of Business:****Current Mailing Address:**11831 BAYSHORE RD.
NORTH FT. MYERS, FL 33917**New Mailing Address:****FEI Number:** 59-6142649**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOSLEY, ALTA
11831 BAYSHORE RD.
NORTH FT. MYERS, FL 33917 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: DOSS, CHARLES L
Address: 201 KINGSTON DRIVE
City-St-Zip: FORT MYERS, FL 33905**Title:** TD () Delete
Name: PALMER, KELLY
Address: 4300 LEXINGTON AVE.
City-St-Zip: FORT MYERS, FL 33905**Title:** SD () Delete
Name: CRONE, RANDY
Address: 6736 WILLOW LAKE CIR
City-St-Zip: FORT MYERS, FL 33912**Title:** 1VD () Delete
Name: WHALEY, THOMAS G
Address: 118 SEBRING CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936**Title:** 2VD () Delete
Name: BROWN, DONALD
Address: 3720 PONYTAIL PALM CT
City-St-Zip: NORTH FORT MYERS, FL 33917**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:** 2VD (X) Change () Addition
Name: DAVIDSON, WESLEY
Address: 419 SE 29TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

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: CHARLES L DOSS

PRES

12/22/2009

Electronic Signature of Signing Officer or Director

Date