

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04485

**Entity Name:** ALACHUA COUNTY YOUTH FAIR AND LIVESTOCK SHOW ASSOCIATION, INC.**Current Principal Place of Business:**2800 NE 39TH AVENUE  
GAINESVILLE, FL 32609**Current Mailing Address:**2800 NE 39TH AVENUE  
GAINESVILLE, FL 32609 US**FEI Number: 59-2319316****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, LORRIE J  
11704 NE 4TH AVE  
GAINESVILLE, FL 32641 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HALE, GUY  
Address        15701 NW 278 AVENUE  
City-State-Zip: ALACHUA FL 32615

Title            SECRETARY  
Name            CARTER, PAMELA  
Address        28226 NW COUNTY RD 241  
City-State-Zip: ALACHUA FL 32615

Title            OFFICER  
Name            WEBER, AMANDA  
Address        14921 NW 121 TERRACE  
City-State-Zip: ALACHUA FL 32615

Title            OFFICER  
Name            SMITH, CASEY  
Address        5580 NW 234 STREET  
City-State-Zip: NEWBERRY FL 32669

Title            T  
Name            SMITH, LORRIE  
Address        11704 NE 4TH AVENUE  
City-State-Zip: GAINESVILLE FL 32641

Title            VP  
Name            DOKE, JON  
Address        13904 NW 270 AVENUE  
City-State-Zip: ALACHUA FL 32615

Title            OFFICER  
Name            BEAUFORD, ROLAND  
Address        27405 SW 82 PLACE  
City-State-Zip: NEWBERRY FL 32669

Title            OFFICER  
Name            TORRENCE, CHRIS  
Address        21127 SW 15 AVENUE  
City-State-Zip: NEWBERRY FL 32669

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*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: LORRIE J SMITH****TREASURER****01/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name GINDLESPPERGER, DONNY  
Address 26618 NW 130 AVENUE  
City-State-Zip: HIGH SPRINGS FL 32643

Title OFFICER  
Name ZAMORA, FELIX  
Address 14211 NW 154 TERRACE  
City-State-Zip: ALACHUA FL 32615

Title OFFICER  
Name HUTCHINS, JASON  
Address 2805 SE 239 STREET  
City-State-Zip: HAWTHORNE FL 32640

Title OFFICER  
Name EUBANKS, JOHN  
Address 3509 SW WACAHOOTA ROAD  
City-State-Zip: MICANOPY FL 32667

Title OFFICER  
Name HENDERSON, KEVIN  
Address PO BOX 1313  
City-State-Zip: NEWBERRY FL 32669

Title OFFICER  
Name WHITEHURST, MAE  
Address 8911 SW 160 PLACE  
City-State-Zip: ARCHER FL 32618

Title OFFICER  
Name KOON, PERRY  
Address 28503 N COUNTY ROAD 1491  
City-State-Zip: ALACHUA FL 32615

Title OFFICER  
Name HOLSBKEKE, MATTHEW  
Address 133 BAKER'S ACRES DRIVE  
City-State-Zip: HAWTHORNE FL 32640

Title OFFICER  
Name SWILLEY, JEREMY  
Address 28730 NW 32ND AVENUE  
City-State-Zip: NEWBERRY FL 32669

Title OFFICER  
Name WORLEY, AIMEE  
Address PO BOX 354  
City-State-Zip: HAWTHORNE FL 32640

Title OFFICER  
Name SKIPPER, EDDIE  
Address 13406 SW 89 AVENUE  
City-State-Zip: ARCHER FL 32618

Title OFFICER  
Name WILLIAMS, JAMES  
Address 17503 SW 67 AVENUE  
City-State-Zip: ARCHER FL 32618

Title OFFICER  
Name SAVELL, JESSE  
Address 3301 SE 23 TERRACE  
City-State-Zip: GAINESVILLE FL 32608

Title OFFICER  
Name HUTCHINS, KELLI  
Address 2805 SE 239 STREET  
City-State-Zip: HAWTHORNE FL 32640

Title OFFICER  
Name MASSAGEE, KIM  
Address PO BOX 916  
City-State-Zip: ARCHER FL 32618

Title OFFICER  
Name COLSON, MARK  
Address 24109 N STATE RD 121  
City-State-Zip: ALACHUA FL 32615

Title OFFICER  
Name MIKELL, TOM  
Address 15015 NW 89 STREET  
City-State-Zip: ALACHUA FL 32615

Title OFFICER  
Name PEARSON, JAMES  
Address PO BOX 635  
City-State-Zip: HAWTHORNE FL 32640

Title OFFICER  
Name WILLIS, CHUCK  
Address 27007 NORTH STATE ROAD 121  
City-State-Zip: ALACHUA FL 32615

Title OFFICER  
Name ZAMORA, AMIE  
Address 14211 NW 154TH TERRACE  
City-State-Zip: ALACHUA FL 32615