

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004343

**FILED**  
**Feb 21, 2014**  
**Secretary of State**  
**CC7444562128**

**Entity Name:** HENDRY COUNTY FAIR AND LIVESTOCK SHOW, INC.

**Current Principal Place of Business:**

710 S FRANCISCO ST  
CLEWISTON, FL 33440

**Current Mailing Address:**

P O BOX 1356  
CLEWISTON, FL 33440

**FEI Number: 59-1099492**

**Certificate of Status Desired: No**

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

MCGAHEE, MELANIE A  
417 W. SUGARLAND HWY.  
CLEWISTON, FL 33440 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 P  
Name SWINDLE, YVONNE  
Address P O BOX 1356  
City-State-Zip: CLEWISTON FL 33440

Title VP  
Name LEE, TIMMY  
Address P O BOX 1356  
City-State-Zip: CLEWISTON FL 33440

Title SD  
Name BELCHER, TARA  
Address P O BOX 1356  
City-State-Zip: CLEWISTON FL 33440

Title TR  
Name KELLEY, LISA  
Address P O BOX 1356  
City-State-Zip: CLEWISTON FL 33440

*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: YVONNE SWINDLE**

**P**

**02/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date