

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000057814

Entity Name: VOLUSIA COUNTY FARM BUREAU FARMERS' MARKET, INC.**Current Principal Place of Business:**3090 EAST NEW YORK AVE
DELAND, FL 32724**Current Mailing Address:**3090 EAST NEW YORK AVE
DELAND, FL 32724 US**FEI Number:** 45-5613494**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HESTER, BILLY
3090 EAST NEW YORK AVE
DELAND, FL 32724 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	D
Name	BENEDICT, GEORGE E
Address	3605 DARBY ROAD
City-State-Zip:	NEW SMYRNA BEACH FL 32168-8750

Title	D
Name	BRADDOCK, JAMES M
Address	1606 PARADISE LAND
City-State-Zip:	ASTOR FL 32102

Title	D
Name	CADE, J. PASCO
Address	PO BOX 218
City-State-Zip:	SEVILLE FL 32190

Title	D
Name	CRUMP, A. BRUCE
Address	601 JOHNSON LAKE ROAD
City-State-Zip:	DELEON SPRINGS FL 32130

Title	D
Name	CRUMP, SYLVIA
Address	601 JOHNSON LAKE ROAD
City-State-Zip:	DELEON SPRINGS FL 32130

Title	D
Name	DAUGHARTY, DAVID
Address	2124 REYNOLDS ROAD
City-State-Zip:	DELEON SPRINGS FL 32130

Title	EXECUTIVE DIRECTOR
Name	HESTER, BILLY
Address	3090 EAST NEW YORK AVE
City-State-Zip:	DELAND FL 32724

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BILLY HESTER**EXECUTIVE DIRECTOR****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date