2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 790271

Entity Name: SUMTER COUNTY FARMERS MARKET, INC.

Current Principal Place of Business:

524 N MARKET BLVD
WEBSTER, FL 33597 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 62
WEBSTER, FL 33597

New Mailing Address:

FEI Number: 59-0469115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCHBANKS, LARRY J
110 CLEVELAND AVE
WILDWOOD, FL 34785 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:	DIR	( ) Delete
Name:	PARKER, LAMAR	
Address:	P.O. BOX 402	
City-St-Zip:	WEBSTER, FL 33597	
Title:	DIR	( ) Delete
Name:	FUSSEL, MARVIN JR	
Address:	715 W. NOBLE AVE	
City-St-Zip:	BUSHNELL, FL 33513	
Title:	DIR	( ) Delete
Name:	WALL, JAMES L	
Address:	2485 CR 744	
City-St-Zip:	WEBSTER, FL 33597	
Title:	TREA	( ) Delete
Name:	LEWIS, DELORES	
Address:	P.O. BOX 45	
City-St-Zip:	OKAHUMPKA, FL 34762	
Title:	DIR	( ) Delete
Name:	MADDOX, STONEY	
Address:	401 JUMPER DRIVE SOUTH	
City-St-Zip:	BUSHNELL, FL 33513	
Title:	MGR	( ) Delete
Name:	HARRELL, MARCUS	
Address:	1553 CR 753 N.	
City-St-Zip:	WEBSTER, FL 33597	

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:	
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: DELORES LEWIS TREA 04/01/2009

Electronic Signature of Signing Officer or Director — Date