

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790271

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**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  
Name: PARKER, LAMAR  
Address: P.O. BOX 402  
City-St-Zip: WEBSTER, FL 33597

Title: DIR  
Name: FUSSEL, MARVIN JR  
Address: 715 W. NOBLE AVE  
City-St-Zip: BUSHNELL, FL 33513

Title: DIR  
Name: WALL, JAMES L  
Address: 2485 CR 744  
City-St-Zip: WEBSTER, FL 33597

Title: TREA  
Name: LEWIS, DELORES  
Address: P.O. BOX 45  
City-St-Zip: OKAHUMPKA, FL 34762

Title: DIR  
Name: MADDOX, STONEY  
Address: 401 JUMPER DRIVE SOUTH  
City-St-Zip: BUSHNELL, FL 33513

Title: MGR  
Name: HARRELL, MARCUS  
Address: 1553 CR 753 N.  
City-St-Zip: WEBSTER, FL 33597

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: DELORES LEWIS

TREA

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date