

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004011**

1. Entity Name  
**FARM CITY WEEK COMMITTEE, INC.**



Principal Place of Business  
1303 17TH ST. WEST  
PALMETTO, FL 34221-2934

Mailing Address  
1303 17TH ST. WEST  
PALMETTO, FL 34221-2934



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1021563**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KNOWLES, JAMES W ESQ.**  
2812 MANATEE AVE. WEST  
BRADENTON, FL 34205

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISON, RALPH 6012 18TH AVE. EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, BRENDA 1303 17TH ST. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLASSBURN, BETTY 1303 17TH ST. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BADEN, EARL W JR. 1101 6TH AVE. WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEAT, BOB 305 15TH ST. WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000059536  
02/23/04-80003-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Earl W. Baden Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-12-04*

Date

Daytime Phone #