## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AN **DOCUMENT # N00000004011 Secretary of State** FARM CITY WEEK COMMITTEE, INC. Principal Place of Business Malling Address 1303 17TH ST. WEST 1303 17TH ST. WEST PALMETTO, FL 34221-2934 PALMETTO, FL 34221-2934 04192006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1021563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KNOWLES, JAMES W ESQ. DO NOT WRITE 2812 MANATEE AVE. WEST BRADENTON, FL 34205 IN THIS SPACE 5. 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 reinstating) DATE <del>1111111005533861</del> 05/06/06-80140-005 61.25 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. TERF PD NAME GARRISON, RALPH STREET ACCRESS 6012 18TH AVE. EAST CTTY-ST-78 BRADENTON, FL 34208 VD MLE ROGERS, BRENDA STREET ADDRESS 1303 17TH ST. WEST CITY-ST-ZIP PALMETTO, FL. 34221 SD GLASSBURN, BETTY NAME STREET ADDRESS 1303 17TH ST. WEST DO NOT WRITE CITY-ST-ZP PALMETTO, FL 34221 IN THIS SPACE NAME BADEN, EARL W JR. STREET ANDRESS. 1101 6TH AVE. WEST CRY-ST-ZP BRADENTON, FL 34205 SWEAT, BOB STREET ADDRESS 305 15TH ST. WEST CITY-ST-ZIP BRADENTON, FL 34205

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

STORATURE AND TYPED ON PROFES PAIRE OF STORAGE OFFICER ON DIRECTOR

4/19/06