## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004011

FILED May 05, 2009 Secretary of State

Entity Name: FARM CITY WEEK COMMITTEE, INC.

| urrent P   | rincipal Place of Business:  | New Principal  | Place of Business:   |
|--|--|--|--|
|  | H ST. WEST<br>O, FL 342212934  |  |  |
| urrent N   | lailing Address:   | New Mailing A  | ddress:  |
|  | H ST. WEST<br>O, FL 342212934  |  |  |
|  | : 65-1021563 FEI Number Applied For ( )<br>ace with s. 607.193(2)(b), F.S., the corporation did no   | FEI Number Not Applicable of receive the prior notice.   | c ( ) Certificate of Status Desired ( )  |
| ame and  | d Address of Current Registered Agent:   | Name and Add   | ress of New Registered Agent:  |
| 312 MAN  | S, JAMES W ESQ.<br>IATEE AVE. WEST<br>FON, FL 34205 US   |  |  |
|  | e named entity submits this statement for the pe of Florida.   | ourpose of changing its req  | gistered office or registered agent, or both,  |
| GNATU  | RE:  |  |  |
|  |  |  |  |
|  | Electronic Signature of Registered Age   | ent  | Date   |
| FFICER   | Electronic Signature of Registered Age S AND DIRECTORS:  |  | Date HANGES TO OFFICERS AND DIRECTOR   |
|  | S AND DIRECTORS:   | ADDITIONS/CH   | IANGES TO OFFICERS AND DIRECTOR  |
| le:  |  |  |  |
| e:<br>me:<br>dress:  | S AND DIRECTORS:  PD () Delete GARRISON, RALPH 6012 18TH AVE. EAST   | ADDITIONS/CF<br>Title:<br>Name:<br>Address:  | IANGES TO OFFICERS AND DIRECTOR  |
| e:<br>me:<br>dress:  | S AND DIRECTORS:  PD () Delete GARRISON, RALPH   | ADDITIONS/CF<br>Title:<br>Name:  | IANGES TO OFFICERS AND DIRECTOR  |
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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: BRENDA ROGERS VD 05/05/2009