

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90037 050 \*\*\*\*70.00

**DOCUMENT # N02000007419**

1. Entity Name

FERNANDINA FARMERS MARKET, INC.



Principal Place of Business

208 S 7TH ST  
FERNANDINA BEACH FL 32034

Mailing Address

208 S 7TH ST  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

04-3725151

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, EILEEN S  
208 S 7TH ST  
FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | MOORE, EILEEN S           |  |
| STREET ADDRESS | 208 S 7TH ST              |  |
| CITY-ST-ZIP    | FERNANDINA BEACH FL 32034 |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | MORRELL, BETTY            |  |
| STREET ADDRESS | 25058 TWIN OAKS LANE      |  |
| CITY-ST-ZIP    | FERNANDINA BEACH FL 32034 |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | VP/D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Janica Smith               |  |
| STREET ADDRESS | 10 Beach Walker Rd         |  |
| CITY-ST-ZIP    | Amelia Island, FL 32034    |  |
| TITLE          | VP/D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Barbara Hill               |  |
| STREET ADDRESS | 206 S. 17th St             |  |
| CITY-ST-ZIP    | Fernandina Beach, FL 32034 |  |
| TITLE          | S/D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Pat Graser                 |  |
| STREET ADDRESS | 1577 Park Ave              |  |
| CITY-ST-ZIP    | Fernandina Beach, FL 32034 |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

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:** *Eileen S. Moore*

2/4/04

(904) 556-5722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #