2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N02000007419 02-09-2006 90045 042 ****70.00 1. Entity Name FERNANDINA FARMERS MARKET, INC. Principal Place of Business Mailing Address CENTRAL/ 7TH ST NORTH PO BOX 16573 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 04-3725151 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JANICE Street Address (P.O. Box Number is Not Acceptable) 10 BEACH WALKER RD FERNANDINA BEACH FL 32034 City 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) र प्रसिद्ध FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **649** SD VPD Delete TITLE TITLE Change Addition Doug Stuber 75018 Mackinas (Leide Fernandina Beach, Fl 32034 HILL, BARBARA NAME 206 S. 17TH ST. STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-7/P P/D TITLE ☐ Delete TITLE ☐ Change Addition Thom Gilliam 10 Beach walkee ld SMITH, JANICE NAME NAME 10 BEACH WALKER RD. STREET ADDRESS STREET ADDRESS Amelia Island, FC 32034 CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP Delete TITLE Change Addition NAME GRASER, PAT STREET ADDRESS 1577 PACK AVE STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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if changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 09, 2006 8:00 am