

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007891

FILED
Apr 20, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF COMMUNITY FARMERS' MARKETS INC.

Current Principal Place of Business:

355 N. BEACH ST.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

355 N. BEACH ST.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 51-0428195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEAGO, SHARON
ALACHUA COUNTY FARMERS MARKET
5920 NW 13TH STREET
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

YEAGO, SHARON
P.O. BOX 2114
HIGH SPRINGS, FL 32655 US

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.

SIGNATURE: _____

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YEAGO, SHARON
Address: P.O. BOX 2114
City-St-Zip: HIGH SPRINGS, FL 32655 US

Title: VD () Delete
Name: STRATTON, SUSAN
Address: 212 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD () Delete
Name: WYNER, TONIANNE
Address: 8800 OKEECHOBEE RD. # 36
City-St-Zip: FORT PIERCE, FL 34945 US

Title: SD () Delete
Name: JOYCE, BARBARA
Address: 355 N. BEACH ST,
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: FERNANDEZ, BOB
Address: P.O. BOX 1017
City-St-Zip: CLEARWATER, FL 33757 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA JOYCE

SD

04/20/2005

Electronic Signature of Signing Officer or Director

Date