

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007891

FILED
Feb 06, 2009
Secretary of State

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

Current Principal Place of Business:

850 S TAMiami TR #525
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

850 S TAMiami TR #525
SARASOTA, FL 34236

New Mailing Address:

PO BOX 5441
GAINESVILLE, FL 32627

FEI Number: 51-0428195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JOHN C
116 ORANGE AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

PETERS, JEANNETTE
5015 NW 24TH DRIVE
GAINESVILLE, FL 32605 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: JEANNETTE PETERS

02/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, JOHN C
Address: 116 ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VP () Delete
Name: CHALLIS, CHRIS
Address: 150 MAGNOLIA AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: T () Delete
Name: SMITH, ALVIN
Address: 154 S BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATTHEWS, JOHN E
Address: 850 S. TAMiami TRAIL #525
City-St-Zip: SARASOTA, FL 34236 US

Title: VP (X) Change () Addition
Name: WYNER, T A
Address: 8800 OKEECHOBEE RD. #36
City-St-Zip: FORT PIERCE, FL 34945 US

Title: T (X) Change () Addition
Name: MOORE, SANDI
Address: 401 W. MAGNOLIA
City-St-Zip: LEESBURG, FL 34749 US

Title: S () Change (X) Addition
Name: BROWN, DANA
Address: 8062 S. CADIZ CT.
City-St-Zip: ORLANDO, FL 32836

Title: D () Change (X) Addition
Name: FERNANCEZ, ROBERT
Address: 301 N. HILLCREST DR.
City-St-Zip: CLEARWATER, FL 33755

Title: D () Change (X) Addition
Name: EGGEMAN, GAIL
Address: PO BOX 1213
City-St-Zip: ST. PETERSBURG, FL 33731

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: JOHN E. MATTHEWS

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date