2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N08000000824

Entity Name: PORT ST. JOE SALTAIR FARMERS' MARKET, INC.

Current Principal Place of Business:

525 3RD STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

101 REID AVENUE
SUITE 101
PORT ST. JOE, FL 32456

Current Mailing Address:

525 3RD STREET
PORT ST. JOE, FL 32456

New Mailing Address:

101 REID AVENUE
SUITE 101
PORT ST. JOE, FL 32456

FEI Number: 26-1845195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, AMBER
525 3RD STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DAVIS, AMBER
Address: 525 3RD STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: PEREZ, JODI
Address: 1212 LONG AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: CHAFIN, SANDRA
Address: 107 SUNSET CIRCLE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete
Name: HARRISON, KIM
Address: 1308 GARRISON AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

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:

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: SANDRA B. CHAFIN D 03/17/2009
Electronic Signature of Signing Officer or Director — Date