

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0097163

DOCUMENT # N32416

1. Entity Name

TALLAHASSEE RETAIL FARMERS MARKET AGRICULTURAL CO-OPERATIVE MARKETING ASSOCIATION, INCORPORATED



FILED

03 JAN 27 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O JAMES L MITCHELL
P.O. BOX 254
CAIRO GA 31728

Mailing Address

C/O JAMES L MITCHELL
P.O. BOX 254
CAIRO GA 31728

2. Principal Place of Business

Market Square
Suite, Apt. #, etc.
1415 Timber Lane Rd
City & State
Tallahassee FL
Zip
Leon

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3018918

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, GEORGE C JR.
4229 GEARHART ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

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	VPD	<input type="checkbox"/> Delete
NAME	KIMBLE, HARRIS	
STREET ADDRESS	RT # BOX 385	
CITY-ST-ZIP	QUITMAN GA 31643	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES L	
STREET ADDRESS	1748 GATTINGWAY ST. P.O. BOX 254	
CITY-ST-ZIP	CAIRO GA 31728	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORKER, JOHN I	
STREET ADDRESS	95 C SWAMP CREEK RD.	
CITY-ST-ZIP	WHIPHAM GA 31797	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAUS, BELINDA	
STREET ADDRESS	2005 DOGWOOD HILL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODIE, WILLIE	
STREET ADDRESS	RT. 7 BOX 345	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500012309655
02/11/03--01020--026 **\$61.25

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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 *James L Mitchell* Pres.

1-27-03-229-377-23130

Daytime Phone #

CR2E037 (10/02)