FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 12:03

DOCUMENT # N38748 (2)

1. Corporation Name
ALACHUA COUNTY FARMERS MARKET, INC.

Principal Place of Business	Mailing Address
5900 NW 13TH ST. GAINESVILLE FL 32606 US	2800 NE 39TH AVE. GAINSVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3065075 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

BROWN WILLIAM L
2800 NE 39TH AVE
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD ☐ Change ☐ Addition
NAME	COURTNEY, FRAN	1.2 NAME	
STREET ADDRESS	5804 NW 158TH ST	1.3 STREET ADDRESS	COURTNEY, FRAN 5805 NW 158th. St.
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	ALACHUA, FL. 32615
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	GRAHAM, PATTY	2.2 NAME	
STREET ADDRESS	2305 NE DEASE DR.	2.3 STREET ADDRESS	RILLANO, VIDO 2828 West SR 235
CITY-ST-ZIP	HIGHSPRINGS FL	2.4 CITY-ST-ZIP	BROOKER, FL. 32622
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MOSS, PAUL	3.2 NAME	
STREET ADDRESS	RT 2 BOX 365	3.3 STREET ADDRESS	SHORT, DENNIS 1113 NE 23rd. Ave.
CITY-ST-ZIP	HIGHSPRINGS FL	3.4 CITY-ST-ZIP	GAINESVILLE, FL. 32609
TITLE	CD	4.1 TITLE	CD ☒ Change ☐ Addition
NAME	BARTZ, SHARON	4.2 NAME	
STREET ADDRESS	9603 SW 19TH AVE.	4.3 STREET ADDRESS	FREEMAN, ED 414 NW 34th. Terr.
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE, FL. 32507
TITLE	VCD	5.1 TITLE	VCD ☒ Change ☐ Addition
NAME	HARGRAVE, JOHN	5.2 NAME	
STREET ADDRESS	2925 NW 177TH AVE	5.3 STREET ADDRESS	LYBRAND, CHARLIE 7016 NW 158th. St.
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	ALACHUA, FL. 32615
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	JONES, VERNA N.	6.2 NAME	
STREET ADDRESS	1155 NW 13TH ST.	6.3 STREET ADDRESS	HARGRAVE, JOHN 2925 NW 177th. Ave.
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	Gainesville, FL. 32658

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRAN COURTNEY Frances Courtney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 February 95 (904)332-0123
Date Daytime Phone #

002683