## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 19, 2004 8:00 am Secretary of State

DOCUMENT # N38748  1. Entity Name ALACHUA COUNTY FARMERS MARKET, INC.							07-19-2004	190018 (	010 ****6	1.25	
Principal Plac 5920 NW 13 GAINESVILLE	TH STREET	5920 NW	iling Address 920 NW 13TH STREET UNESVILLE, FL 32653 US					414B) (014   EE(0 B)CO) (1	<b>5</b> 11 <b>5</b> 1 <b>5</b> 11 <b>8</b> 1211 <b>6</b>		<b>4</b> )((9) at 189)
2. Principal Place of Business		3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					07052004	Chg-NP	CR2E	037 (10/03)	
City & State		City & State					4. FEI Numbe 59-3065	5075		<del>+</del>	pplied For lot Applicable
Zip Country		Zip	Zip C		ntry		5. Certificate of	of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Ag	gent				7. Name and	Address of New	Registered	Agent	
CARLISLE, PAT					Name						
16909 NW 278 AVE / ALACHUA, FL 32615			Street Address			Address (F	P.O. Box Numbe	r is Not Acceptab	ole)		
			Cit						FI	L Zip Coo	de
	named entity submits this statement flions of registered agent.	or the purpose	of changing its	registere	ed office o	r registere	ed agent, or both	n, in the State of F	Florida. I an	n familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered ager	n and title if applicable	e. (NOTE	: Registere	d Agent signat	ture required	when reinstating)		DATE	•	
,,	Filing Fee is \$61.25		Election Campaign Financing     Trust Fund Contribution.				AE 00		Maka aba	ck payable	
ן י	ue by September 8, 2004				ion.		\$5.00 May Be Added to Fees			ertment of S	
10.	OFFICERS AND D		Trust Fund C	ontributi		Ц	Added to Fees		orida Depa	IRECTORS II	N 10
10. TITLE	OFFICERS AND D			11.	<u> </u>	A	Added to Fees	FIO	orida Depa ERS AND D	ertment of S	State
10.	OFFICERS AND D		Trust Fund C	11. TITLE	<u> </u>	A	Added to Fees	Flo	orida Depa ERS AND D	IRECTORS II	N 10
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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 others like empowered.

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/04

Daytime Phone #