2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N38748

1. Entity Name
ALACHUA COUNTY FARMERS MARKET, INC.

Principal Place of Business	Mailing Address
5920 NW 13TH STREET GAINESVILLE, FL 32653 US	5920 NW 13TH STREET GAINESVILLE, FL 32653 US

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01232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3065075
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARLISLE, PAT
16909 NW 278 AVE
ALACHUA, FL 32615

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	BJERREGARD, ERIC B
STREET ADDRESS	11410 SE 83 TERR
CITY-ST-ZIP	GAINESVILLE, FL 32669
TITLE	CD
NAME	CARLISLE, PAT
STREET ADDRESS	16909 NW 278 AVE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	SHIVER, ART
STREET ADDRESS	12328 NW STATE RD 45
CITY-ST-ZIP	HIGH SPRINGS, FL 32463
TITLE	D
NAME	HART, GREG
STREET ADDRESS	19711 NW 138 AVE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	TD
NAME	KLEIN, PHYLLIS
STREET ADDRESS	4026 NW 22 DR
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	FISHER, RON
STREET ADDRESS	14001 NW 12 PL
CITY-ST-ZIP	NEWBERRY, FL 32669

U00000208525
02/01/05-80089-021 70.00

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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 other like empowered.

SIGNATURE: Pat Carlisle Pat Carlisle 1-25-05 386-462-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #