2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# N38748

Entity Name: ALACHUA COUNTY FARMERS MARKET, INC.

Current Principal Place of Business:

5920 NW 13TH STREET
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5920 NW 13TH STREET
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-3065075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLISLE, PAT
16909 NW 278 AVE
ALACHUA, FL 32615 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: VCD ( ) Delete
Name: BJERREGARD, ERIC B
Address: 11410 SE 83 TERR
City-St-Zip: GAINESVILLE, FL 32669

Title: CD ( ) Delete
Name: CARLISLE, PAT
Address: 16909 NW 278 AVE
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: SHIVER, ART
Address: 12328 NW STATE RD 45
City-St-Zip: HIGH SPRINGS, FL 32463

Title: D ( ) Delete
Name: HART, GREG
Address: 19711 NW 138 AVE
City-St-Zip: ALACHUA, FL 32615

Title: TD ( ) Delete
Name: KLEIN, PHYLLIS
Address: 4026 NW 22 DR
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Delete
Name: FISHER, RON
Address: 14001 NW 12 PL
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BESTER, CATHY
Address: 8114 SW 12 PL
City-St-Zip: GAINESVILLE, FL 32607

Title: TD (X) Change ( ) Addition
Name: HART, GREG
Address: 19711 NW 138 AVE
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Change ( ) Addition
Name: EMERY, HELEN
Address: 4300 NW 23 AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAT CARLISLE CD 07/10/2006
Electronic Signature of Signing Officer or Director — Date