2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90032 017 ****61.25

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DOCUMENT # N38748

1. Entity Name
ALACHUA COUNTY FARMERS MARKET, INC.

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02192008 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
CARLISLE, PAT 16909 NW 278 AVE ALACHUA, FL 32615	Name: HELEN EMERY Street Address (P.O. Box Number is Not Acceptable): 4300 NW 23rd AVENUE City: GAINESVILLE FL Zip Code: 32606

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 Helen Emery President/Chairman 3-1-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VCD ☐ Delete	TITLE	VICE CHAIRMAN ☐ Change ☐ Addition
NAME	HENDERSON, ERICKA	NAME	HENDERSON, ERIKA
STREET ADDRESS	4005 NW 13TH PLACE	STREET ADDRESS	4005 NW 13th PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	CD ☒ Delete	TITLE	SECRETARY ☐ Change ☐ Addition
NAME	CARLISLE, PAT	NAME	GROVES, JEFF
STREET ADDRESS	16909 NW 278 AVE	STREET ADDRESS	6451 NE 137th CT
CITY-ST-ZIP	ALACHUA, FL 32615	CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BESTER, CATHY	NAME	CODAY, HAROLD
STREET ADDRESS	8114 SW 12 PL	STREET ADDRESS	13543 NE 132nd AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	WALDO, FL 32694
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HART, LINDA	NAME	
STREET ADDRESS	19711 NW 138 AVE	STREET ADDRESS	
CITY-ST-ZIP	ALACHUA, FL 32615	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	CHAIRMAN ☐ Change ☐ Addition
NAME	EMERY, HELEN	NAME	EMERY, HELEN
STREET ADDRESS	4300 NW 23 AVE	STREET ADDRESS	4300 NW 23rd AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Linda F Hart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #