

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38748

FILED  
Mar 21, 2009  
Secretary of State

**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:**

PO BOX 358192  
GAINESVILLE, FL 326358192

**New Mailing Address:**

**FEI Number:** 59-3065075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EMERY, HELEN  
4300 NW 23RD AVENUE  
GAINESVILLE, FL 32606 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: HENDERSON, ERICKA  
Address: 4005 NW 13TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: S ( ) Delete  
Name: GROVES, JEFF  
Address: 6451 NE 137TH CT  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: CODAY, HAROLD  
Address: 12543 NE 132ND AVENUE  
City-St-Zip: WALDO, FL 32694

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

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

Title: C (X) Delete  
Name: EMERY, HELEN  
Address: 4300 NW 28TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: C (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 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: HELEN EMERY

C

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date