

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 23, 2011**  
**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:**PO BOX 358192  
GAINESVILLE, FL 326358192**New Mailing Address:**PO BOX 358192  
GAINESVILLE, FL 326358192 US**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:**GROVES, JEFF  
6451 NE 137TH CT  
WILLISTON, FL 32696 US

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: JEFF GROVES

03/23/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: T  
Name: VOSS, PAT  
Address: 15905 NW 70TH AVE  
City-St-Zip: ALACHUA, FL 32615

Title: COB  
Name: GROVES, JEFF  
Address: 6451 NE 137TH CT  
City-St-Zip: WILLISTON, FL 32696

Title: D  
Name: COLLINS, LINDA  
Address: 26249 CR 137  
City-St-Zip: O'BRIEN, FL 32071 US

Title: S  
Name: LUDLUM, MARY  
Address: 3924 256TH ST  
City-St-Zip: O'BRIEN, FL 32071

Title: D  
Name: CREWS, VIRGINIA  
Address: 19874 SW CR 237  
City-St-Zip: BROOKER, FL 32622 US

I hereby 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 all other like empowered.

SIGNATURE: PAT VOSS

T

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date