

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N49741

Entity Name: FARM SHARE, INC.

Current Principal Place of Business:

300 N KROME AVE, UNIT #12
STATE FARMERS MARKET
FLORIDA CITY, FL 330343414 US

New Principal Place of Business:

Current Mailing Address:

300 N KROME AVE, UNIT #12
STATE FARMERS MARKET
FLORIDA CITY, FL 330343414 US

New Mailing Address:

FEI Number: 65-0342192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBBINS, PATRICIA
3350 SW 27TH AVE.
UNIT 1204E
COCONUT GROVE, FL 33133 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: D () Delete
Name: HARTZ, CHARLES
Address: 25 TAHITI BEACH ISLAND
City-St-Zip: CORAL GABLES, FL 33143 US

Title: C () Delete
Name: ROBBINS, PATRICIA,
Address: 3350 SW 27TH AVE. UNIT 1204E
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D () Delete
Name: KIRBY, TOM
Address: 7965 SW 86TH ST #123
City-St-Zip: MIAMI, FL 33173 US

Title: D () Delete
Name: WAINWRIGHT, ANN
Address: 2000 W. RANDOLPH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D () Delete
Name: JONES, DARYL
Address: 15820 SW 98 CT.
City-St-Zip: MIAMI, FL 33157 US

Title: PCEO () Delete
Name: ROBBINS, MARK
Address: 11274 OLD FEDERAL ROAD
City-St-Zip: QUINCY, FL 32351 US

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: HELMS, JENNIFER
Address: 166 NW 19TH STREET
City-St-Zip: HOMESTEAD, FL 33030

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

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

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: GAIL ROBBINS

COO

02/27/2009

Electronic Signature of Signing Officer or Director

Date