

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90069 039 ****61.25

DOCUMENT # N96000000537					
1. Entity Name DOWNTOWN CLEARWATER FARMER'S MARKET, INC.					
Principal Place of Business 301 HILCREST DR. N. CLEARWATER, FL 33765 US			Mailing Address 133 N FT. HARRISON CLEARWATER, FL 33755 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	4. FEI Number 59-3442890	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINTERS, ELISE K 133 N. FT. HARRISON CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name <u>Elise K. Winters, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1006 Drew Street</u> City <u>Clearwater</u> FL Zip Code <u>33755</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DR DS NANCY BECKHANN ☐ Delete GARVEY, RITA 1550 RIDGEWOOD ST CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR DT CHRISTINA KEELING ☐ Delete POLLICK, SANDY CLEARWATER MARINA, SUITE 32 CLEARWATER BEACH, FL 33767		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete FERNANDEZ, PATRICIA D 301 HILCREST DR. N CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DV ☐ Delete GAFFNEY, LISA 519 CLEVELAND STREET # 100 CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MATHENY, DWIGHT 321 MISSOURI AVE. SOUTH CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Patricia D. Fernandez</u> Patricia D. Fernandez, _____ President April 30, 2007 727/461-7674 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					