

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90019 013 ****61.25

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1. Entity Name

DOWNTOWN FARMERS' MARKET OF FT. PIERCE, INC.



Principal Place of Business

UNIV. OF FL.SLC COOPERATIVE EXT. SERV
8400 PICOS ROAD, SUITE 101
FT. PIERCE FL 34945-3045

Mailing Address

315 AVENUE A
FT PIERCE FL 34950
US

00014100



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0779839

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

MANCINI, ELLEN
411 SOUTH SECOND STREET
FT. PIERCE FL 34950

Name

Glynda CAVALCANTI

Street Address (P.O. Box Number is Not Acceptable)

315 Ave A

City

ft Pierce

FL

Zip Code

34950

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

Glynda W Cavalcanti / Treasurer

1/31/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE PD ☐ Delete
NAME BRYAN, MARY A
STREET ADDRESS 3636 NORTH MILTON ROAD
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE VCD ☐ Delete
NAME LAMB, DAREN
STREET ADDRESS 2328 OAK DRIVE
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE SD ☐ Delete
NAME MANCINI, ELLEN
STREET ADDRESS 411 SOUTH 2ND STREET
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DT ☐ Delete
NAME CAVALCANTI, GLYNDA
STREET ADDRESS 315 AVENUE A
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Glynda W Cavalcanti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

Date

772-595-0500

Daytime Phone #