


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90117 041 \*\*\*\*61.25

<b>DOCUMENT # N97000006486</b> 1. Entity Name <b>DOWNTOWN FARMERS' MARKET OF FT. PIERCE, INC.</b>					
Principal Place of Business <b>UNIV. OF FL.SLC COOPERATIVE EXT. SERV. 8400 PICOS ROAD, SUITE 101 FT. PIERCE, FL 34945-3045</b>				Mailing Address <b>315 AVENUE A FT PIERCE, FL 34950 US</b>	
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 <b>65-0779839</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CAVALCANTI, GLYNDA 315 AVE A FT. PIERCE, FL 34950</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, MARY A		NAME	Importico, Joe	
STREET ADDRESS	3636 NORTH MILTON ROAD		STREET ADDRESS	3800 SE Dixie Hwy	
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, DAREN		NAME	Bailey, Linda Hudson	
STREET ADDRESS	2328 OAK DRIVE		STREET ADDRESS	1713 Frances Street	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Fort Pierce, FL 34949	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, ELLEN		NAME	Bailey, Linda Hudson	
STREET ADDRESS	411 SOUTH 2ND STREET		STREET ADDRESS	1713 Frances Street	
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP	Fort Pierce, FL 34949	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		
NAME	CAVALCANTI, GLYNDA		NAME		
STREET ADDRESS	315 AVENUE A		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Glynda W Cavalcant</u> <i>Treasurer</i> <u>1/19/06</u> <u>772-595-0500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					