

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006486

FILED
Mar 02, 2009
Secretary of State

Entity Name: DOWNTOWN FARMERS' MARKET OF FT. PIERCE, INC.

Current Principal Place of Business:

UNIV. OF FL.SLC COOPERATIVE EXT. SERV.
8400 PICOS ROAD, SUITE 101
FT. PIERCE, FL 349453045

New Principal Place of Business:

315 AVE A
FT. PIERCE, FL 34950

Current Mailing Address:

315 AVENUE A
FT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 65-0779839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALCANTI, GLYNDA
315 AVE A
FT. PIERCE, FL 34950 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: PD () Delete
Name: IMPORTICO, JOE
Address: 3800 SE DIXIE HWY.
City-St-Zip: STUART, FL 34997

Title: VCD () Delete
Name: BAILEY, LINDA HUDSON
Address: 1713 FRANCES ST.
City-St-Zip: FORT PIERCE, FL 34949

Title: SD () Delete
Name: HUDSON BAILEY, LINDA
Address: 1713 FRANCES ST.
City-St-Zip: FORT PIERCE, FL 34949

Title: DT (X) Delete
Name: CAVALCANTI, GLYNDA
Address: 315 AVENUE A
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUDSON, LINDA
Address: 1713 FRANCES CT
City-St-Zip: FORT PIERCE, FL 34949

Title: SD (X) Change () Addition
Name: HUDSON, LINDA
Address: 1713 FRANCES ST.
City-St-Zip: FORT PIERCE, FL 34949

Title: DT (X) Change () Addition
Name: CAVALCANTI, GLYNDA
Address: 315 AVE A
City-St-Zip: FORT PIERCE, FL 34950

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: GLYNDA W CAVALCANTI

DT

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date