

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003277

**Entity Name:** OLDSMAR ORGANIC COMMUNITY GARDEN, INC.**Current Principal Place of Business:**423 LAFAYETTE BLVD.  
OLDSMAR, FL 34677**Current Mailing Address:**560 DOVE TERRACE S  
OLDSMAR, FL 34677 US**FEI Number:** 46-5621321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARSHALL, RACHEL  
560 DOVE TERRACE SO.  
OLDSMAR, FL 34677 US*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:** RACHEL MARSHALL

01/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | VP                 |
| Name            | FLINN, KIRSTIN     |
| Address         | 11667 FOX CREEK DR |
| City-State-Zip: | TAMPA FL 33635     |

|                 |                  |
|-----------------|------------------|
| Title           | SECRETARY        |
| Name            | MERCHANT, KATHY  |
| Address         | 209 FAIRFIELD ST |
| City-State-Zip: | OLDSMAR FL 34677 |

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | MARSHALL, RACHEL     |
| Address         | 560 DOVE TERRACE SO. |
| City-State-Zip: | OLDSMAR FL 34677     |

|                 |                       |
|-----------------|-----------------------|
| Title           | T                     |
| Name            | HAMILTON, MARCUS      |
| Address         | 1470 WOODSTREAM DRIVE |
| City-State-Zip: | OLDSMAR FL 34677      |

|                 |                   |
|-----------------|-------------------|
| Title           | MEMBER AT LARGE   |
| Name            | SADLER, MATT      |
| Address         | 610 CLARENDON ST. |
| City-State-Zip: | OLDSMAR FL 34677  |

*I hereby 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 all other like empowered.*

**SIGNATURE:** RACHEL MARSHALL

PRESIDENT

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date