

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32416

**Entity Name:** TALLAHASSEE RETAIL FARMERS MARKET AGRICULTURAL  
COOPERATIVE MARKETING ASSOCIATION, INCORPORATED**FILED**  
**Feb 26, 2023**  
**Secretary of State**  
**0493216840CC****Current Principal Place of Business:**CORNERSTONE PRESBYTERIAN CHURCH  
2904 KERRY FOREST PARKWAY  
TALLAHASSEE, FL 32309**Current Mailing Address:**PO BOX 772  
HAVANA, FL 32333 US**FEI Number: 59-3018918****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JUBINSKY, MURIEL  
162 HAWK RIDGE DRIVE  
HAVANA, FL 32333 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:** MURIEL JUBINSKY**02/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                 |
|-----------------|-----------------|
| Title           | PRESIDENT       |
| Name            | MCANALLY, SCOTT |
| Address         | PO BOX 772      |
| City-State-Zip: | HAVANA FL 32333 |

|                 |                      |
|-----------------|----------------------|
| Title           | VICE PRESIDENT       |
| Name            | HOLDEN, ROBERT L     |
| Address         | 200 GRADY RANCH LANE |
| City-State-Zip: | WHIGHAM GA 39897     |

|                 |                  |
|-----------------|------------------|
| Title           | SECRETARY        |
| Name            | COCKERHAM, JULIE |
| Address         | PO BOX 772       |
| City-State-Zip: | HAVANA FL 32333  |

|                 |                  |
|-----------------|------------------|
| Title           | TREASURER        |
| Name            | JUBINSKY, MURIEL |
| Address         | P O BOX 772      |
| City-State-Zip: | HAVANA FL 32333  |

*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:** MURIEL JUBINSKY**TREASURER****02/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date