

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90205 031 ****61.25

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1. Entity Name

NEW LEAF MARKET, INC.



Principal Place of Business

675 23RD AVENUE, N.W.
SAUK RAPIDS MN 56379
US

Mailing Address

675 23RD AVENUE, N.W.
SAUK RAPIDS MN 56379

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

59-1561741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

HARTRIDGE, LARRANE
1235 APLACHEE PARKWAY
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2006

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	PS	<input checked="" type="checkbox"/> Delete
NAME	HEIN, GRETCHEN M PRES	
STREET ADDRESS	2032 WEDGEWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HEID, FOX VP	
STREET ADDRESS	1300 W. INDIANHEAD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONEY, DAVID	
STREET ADDRESS	2401 CHINA BERRY LN	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATSON, DAVID	
STREET ADDRESS	2045 LONGVIEW DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANGREES, CANDACE	
STREET ADDRESS	1005 MILLBERRY STREET	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHARDS, STEVE R TREAS	
STREET ADDRESS	2851 REMINGTON GREEN CIR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRES	
STREET ADDRESS	CHARLES HUNGERFORD	
CITY-ST-ZIP	4991 KESTREL WAY	
	TALLAHASSEE FL 32305	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUDICE ANGREES	
STREET ADDRESS	1005 MILLBERRY ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAVINDER SINGH	
STREET ADDRESS	848 E PARK	
CITY-ST-ZIP	TALLAHASSEE FL 32301-2621	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHONDA ADAIR	
STREET ADDRESS	164 LOVE RIDGE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMMY RAY TERRELL	
STREET ADDRESS	2368 MOONDANCE TR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Charles Hungerford Charles Hungerford 4/25/06 (850) 410-1556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #