

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003080

FILED
Jan 20, 2009
Secretary of State

Entity Name: NEW LEAF MARKET, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1561741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTRIDGE, LARRANE
1235 APLACHEE PARKWAY
TALLAHASSEE, FL 32301 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: O () Delete
Name: HUNGERFORD, CHARLES
Address: 4991 KESTREL WAY
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP () Delete
Name: PARKER, CANDICE
Address: 1005 MILLSBERRY ST
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: HORWICH, MADELON
Address: 10210 MICCOSUKKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: STD () Delete
Name: WATSON, DAVID
Address: 2045 LONGVIEW DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WIAZ, JUNE
Address: 3436 WELWYN WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: TERRELL, JIM
Address: 2368 MOONDANCE TRL
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REED, JEANNETTE
Address: 182 STEPHENS RD
City-St-Zip: CAIRO, GA 39828

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LARRANE HARTRIDGE

GM

01/20/2009

Electronic Signature of Signing Officer or Director

Date