


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90107 044 \*\*\*\*61.25

<b>DOCUMENT # N06000003904</b> 1. Entity Name <b>FLORIDA GREEN BEAN EXCHANGE, INC.</b>					
Principal Place of Business <b>800 TRAFALGAR CT MAITLAND, FL 32751</b>			Mailing Address <b>800 TRAFALGAR CT MAITLAND, FL 32751</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>77-0669204</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAULERSON, DANIEL 800 TRAFALGAR CT MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>1-11-08</b>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, PAUL	NAME			
STREET ADDRESS	BOX 220	STREET ADDRESS			
CITY-ST-ZIP	PAHOKEE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHILDERS, TIM	NAME			
STREET ADDRESS	BOX 1370	STREET ADDRESS			
CITY-ST-ZIP	LOXAHATCHEE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILKINSON, BRAD	NAME			
STREET ADDRESS	200 NW AVE L	STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNDLEY, JOHN SCOTT	NAME			
STREET ADDRESS	BOX H	STREET ADDRESS			
CITY-ST-ZIP	LOXAHATCHEE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKINSTRY, BILLY	NAME			
STREET ADDRESS	BOX 579	STREET ADDRESS			
CITY-ST-ZIP	PAHOKEE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKINSTRY, BUDDY	NAME			
STREET ADDRESS	BOX 250	STREET ADDRESS			
CITY-ST-ZIP	LOXAHATCHEE, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>1-11-08</b> <span style="float: right;"><b>321-214-5200</b></span> <small>Date Daytime Phone #</small>			