

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003904

FILED
Jan 05, 2009
Secretary of State

Entity Name: FLORIDA GREEN BEAN EXCHANGE, INC.

Current Principal Place of Business:

800 TRAFALGAR CT
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

800 TRAFALGAR CT
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 77-0669204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAULERSON, DANIEL
800 TRAFALGAR CT
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

AERTS, MICHAEL
800 TRAFALGAR CT
MAITLAND, FL 32751 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: MICHAEL AERTS

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, PAUL
Address: BOX 220
City-St-Zip: PAHOKEE, FL

Title: D () Delete
Name: CHILDERS, TIM
Address: BOX 1370
City-St-Zip: LOXAHATCHEE, FL

Title: D () Delete
Name: WILKINSON, BRAD
Address: 200 NW AVE L
City-St-Zip: BELLE GLADE, FL

Title: D () Delete
Name: HUNDLEY, JOHN SCOTT
Address: BOX H
City-St-Zip: LOXAHATCHEE, FL

Title: D () Delete
Name: MCKINSTRY, BILLY
Address: BOX 579
City-St-Zip: PAHOKEE, FL

Title: D () Delete
Name: MCKINSTRY, BUDDY
Address: BOX 250
City-St-Zip: LOXAHATCHEE, FL

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

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: MICHAEL AERTS

MGR

01/05/2009

Electronic Signature of Signing Officer or Director

Date