FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 13 PM 2:38

DOCUMENT # N35384 (9)

1. Corporation Name
CENTER OF SUSTAINABLE AGROFORESTRY, INC.

Principal Place of Business	Mailing Address
BOX ST. LEO FL 33574	ATTN: THOMAS V. CUNILIO 3953 NW 27TH LANE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1989
3a. Date of Last Report: 11/23/1994
4. FEI Number: 59-2989921 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 BOX 2007,	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. LEO, FL	City & State 28
Zip 24 33574 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CUNILIO, THOMAS V. 3953 NW 27TH LANE GAINESVILLE FL 32606	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☐ Change ☑ Addition
NAME	CUNILIO, THOMAS V.	12 NAME		
STREET ADDRESS	3953 NW 27TH LANE	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	VP/D	☐ Change ☑ Addition
NAME	SWIETNICKI, JOHN	22 NAME		
STREET ADDRESS	1829 AVONDALE CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S/D	☐ Change ☑ Addition
NAME	MIDDLETON, STEVE	32 NAME		
STREET ADDRESS	RT. 2, BOX 325	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	AUGUSTIN, FELIX, BR., O.S.B.	42 NAME		
STREET ADDRESS	ST. LEO ABBEY, BOX 2007	43 STREET ADDRESS		
CITY-ST-ZIP	ST. LEO FL 33574	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☑ Addition
NAME	RITCHIE, MITCHELL	52 NAME	MITCHELL RITCHIE	
STREET ADDRESS	631 SOUTHARD ST., #2	53 STREET ADDRESS	1508 TWIG APT 6C	
CITY-ST-ZIP	KEY WEST FL 33040	54 CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BRANCH, JOSEPH	62 NAME		
STREET ADDRESS	2137 NE 7TH TERRACE	63 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TV C Thomas V. Cunilio MARCH 1, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(904) 376-6265 (813) 447-0706
Daytime Phone #

0002770