FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N35384 (9)

1. Corporation Name

CENTER OF SUSTAINABLE AGROFORESTRY, INC.

Principal Place of Business	Mailing Address
PO BOX 2007 ST. LEO FL 33574 US	ATTN: THOMAS V. CUNILIO 3953 NW 27TH LANE GAINESVILLE FL 32606

3. Date Incorporated or Qualified: **11/28/1989**

3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-2989921** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CUNILIO, THOMAS V.
3953 NW 27TH LANE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE	MARGARITA ROMO	☐ Change ☑ Addition
NAME	CUNILIO, THOMAS V.		1.2 NAME	FARMWORKER SELF HELP INC	
STREET ADDRESS	3953 NW 27TH LANE		1.3 STREET ADDRESS	37233 LOCK ST.	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SWIETNICKI, JOHN		2.2 NAME		
STREET ADDRESS	1829 AVONDALE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	RUSSELL HARVEY	☐ Change ☑ Addition
NAME	MIDDLETON, STEVE		3.2 NAME	35827 Roberts Rd	
STREET ADDRESS	RT. 2, BOX 325		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AUGUSTIN, FELIX, BR., O.S.B.		4.2 NAME		
STREET ADDRESS	ST. LEO ABBEY, BOX 2007		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LEO FL 33574		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RITCHIE, MITCHELL		5.2 NAME		
STREET ADDRESS	1508 TWIG #5C		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRANCH, JOSEPH		6.2 NAME		
STREET ADDRESS	2137 NE 7TH TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Thomas V. Cunilio THOMAS V. CUNILIO 3/8/96 (941)467-0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #