

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35384

FILED  
Sep 09, 2004  
Secretary of State

Entity Name: CENTER OF SUSTAINABLE AGROFORESTRY, INC.

**Current Principal Place of Business:**

P.O. BOX 2059  
ST. LEO, FL 33574 US

**New Principal Place of Business:**

343 WEST CENTRAL AVENUE  
SUITE 1  
LAKE WALES, FL 33853 US

**Current Mailing Address:**

3953 NW 27TH LANE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

FEI Number: 59-2989921      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUNILIO, THOMAS V  
3953 NW 27TH LANE  
GAINESVILLE, FL 32606 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: D ( ) Delete  
Name: SCHRADER, JEROME  
Address: P.O. BOX 2337  
City-St-Zip: DADE CITY, FL 33526

Title: T ( ) Delete  
Name: SWIETNICKI, JOHN  
Address: 1829 AVONDALE CIRCLE  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: AUGUSTIN, FELIX BR, OSB  
Address: ST. LEO ABBEY, BOX 2007  
City-St-Zip: ST. LEO, FL 33574

Title: D ( ) Delete  
Name: LITVANY, MIKE  
Address: 1212 MT VERNON ST.  
City-St-Zip: ORLANDO, FL 328035418

Title: D ( ) Delete  
Name: BOREN, GILBERT  
Address: 5000 FIRETOWER ROAD  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WINKLER, TOM  
Address: 1000 OPONAY TRAIL  
City-St-Zip: FT. MEADE, FL 33841

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

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

Title: D (X) Change ( ) Addition  
Name: MORENO, TIRSO  
Address: 815 S. PARK AVENUE  
City-St-Zip: APOPKA, FL 32703

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS V. CUNILIO

PRES

09/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date