

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35384

FILED
Apr 14, 2005
Secretary of State

Entity Name: CENTER OF SUSTAINABLE AGROFORESTRY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3953 NW 27TH LANE
GAINESVILLE, FL 32606 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:

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

04/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: MORENO, TIRSO
Address: 815 S. PARK AVENUE
City-St-Zip: APOPKA, FL 32703

Title: D (X) 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: POST, DON M PRES.
Address: 6815 NW 71ST STREET
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D (X) Change () Addition
Name: CHAMBERLAIN, JOHN TREAS
Address: 3000 NW 83RD STREET
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D (X) Change () Addition
Name: AUGUSTIN, FELIX
Address: ST. LEO ABBEY, BOX 2007
City-St-Zip: ST. LEO, FL 33574 US

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

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 CUNILIO

COOR

04/14/2005

Electronic Signature of Signing Officer or Director

Date