


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90009 022 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N47726</b>                                     |  |
| 1. Entity Name<br><b>GREENS/GREEN PARTY OF FLORIDA, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>P.O. BOX 1316<br/>KEY WEST, FL 33041-1316 US</b> | Mailing Address<br><b>P.O. BOX 1316<br/>KEY WEST, FL 33041-1316 US</b> |
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|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

03142003 Chg-NP CR2E037 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3132089</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>KOFOID, OLIVER<br/>2925 PATTERSON AVE<br/>KEY WEST, FL 33040</b> | 7. Name and Address of New Registered Agent<br>Name <b>Oliver Kofoid</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3312 Northside Dr #405</b><br>City <b>Key West</b> <b>FL</b> Zip Code <b>33040</b> |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Oliver Kofoid* Oliver Kofoid, Treasurer, 5/20/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>KAMLEITER, MARK <input checked="" type="checkbox"/> Delete<br>435 11TH AVE NE<br>SAINT PETERSBURG, FL 33701 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CD<br>Sarah, Steiner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>432 North D street<br>Lake Worth, FL 33460  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>POLLINI, LINDA <input checked="" type="checkbox"/> Delete<br>3615 NW 31ST TERR<br>GAINESVILLE, FL 32605     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SO<br>Johnny Andis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>836 Deedra Ave<br>Pensacola, FL 32514-1516    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>KOFOID, OLIVER <input type="checkbox"/> Delete<br>2925 PATTERSON AVE<br>KEY WEST, FL 33040                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TO<br>Oliver Kofoid <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3312 Northside Dr #405<br>Key West, FL 33040 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AIRES, JULIA <input checked="" type="checkbox"/> Delete<br>3100 HAWTHORN ST #117<br>SARASOTA, FL 34239       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Gary Hecker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>641 SW 6th Ave<br>Ft Lauderdale, FL 33315       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Oliver Kofoid* 5/20/04 (305) 923-1011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #