


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**

**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N970000Q5824</b>	
1. Entity Name <b>COMMUNITY GREEN MARKETS OF NORTH FLORIDA, INC.</b>	

Principal Place of Business <b>1717 SW 120TH TERRACE GAINESVILLE, FL 32607</b>	Mailing Address <b>1717 SW 120TH TERRACE GAINESVILLE, FL 32607</b>
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**DO NOT WRITE IN THIS SPACE**

	
04282005 No Chg-NP	CR2E037 (10/03)
4. FEI Number <b>59-3475784</b>	Applied For 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

**KOENIG, ROSALIE  
1717 SW 120TH TERRACE  
GAINESVILLE, FL 32607**

**DO NOT WRITE IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000344178 04/29/05-80125-018 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOENIG, ROSALIE 1717 SW 120TH TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOENIG, ROSE 1717 S.W. 120 TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYBRAND, CHARLES 7016 NW 158 ST ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIORNELLI, TRACE 10106 N.W. 156TH AVENUE ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIECHECK, JEFF 1621 SE 15TH ST GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PERRY, DONALD P.O. BOX 1706 NEWBERRY, FL 326691706

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Charles Lybrand 4/28/05 386-4123192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #