

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005824

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** COMMUNITY GREEN MARKETS OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

1717 SW 120TH TERRACE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

1717 SW 120TH TERRACE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 59-3475784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOENIG, ROSALIE  
1717 SW 120TH TERRACE  
GAINESVILLE, FL 32607 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: PD ( ) Delete  
Name: KOENIG, ROSALIE  
Address: 1717 SW 120TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: VPD ( ) Delete  
Name: KOENIG, ROSE  
Address: 1717 S.W. 120 TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete  
Name: LYBRAND, CHARLES  
Address: 7016 NW 158 ST  
City-St-Zip: ALACHUA, FL 32615

Title: DS ( ) Delete  
Name: GIORNELLI, TRACE  
Address: 10106 N.W. 156TH AVENUE  
City-St-Zip: ALACHUA, FL 32615

Title: S ( ) Delete  
Name: ZIECHECK, JEFF  
Address: 1621 SE 15TH ST  
City-St-Zip: GAINESVILLE, FL 32641

Title: M ( ) Delete  
Name: PERRY, DONALD  
Address: P.O. BOX 1706  
City-St-Zip: NEWBERRY, FL 326691706

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

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES LYBRAND

T

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date