# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# N97000005824

**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: | S | (X) Change ( ) Addition |
| Name: | LUDLAM, RUSTY | |
| Address: | 3924 256 ST. | |
| City-St-Zip: | O, FL 32071 | |
| 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 04/29/2008

Electronic Signature of Signing Officer or Director — Date