

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712143

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** COOPERATIVE LIVING ORGANIZATION, INC.

**Current Principal Place of Business:**

117 N.W. 15TH STREET  
GAINESVILLE, FL 32603

**New Principal Place of Business:**

**Current Mailing Address:**

117 N.W. 15TH STREET  
GAINESVILLE, FL 32603

**New Mailing Address:**

**FEI Number:** 59-0205245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRUEGER, SCOTT DAVID ESQ  
2750 NORTHWEST 43RD STREET  
SUITE 201  
GAINESVILLE, FL 32606 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:** P  
**Name:** IACONA, JOHN C  
**Address:** 117 NORTHWEST 15TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32603

**Title:** VP  
**Name:** PHILIP, GILBO  
**Address:** 117 N.W. 15TH ST  
**City-St-Zip:** GAINESVILLE, FL 32603

**Title:** T  
**Name:** BALDWIN, JEAN-PAUL  
**Address:** 117 NORTHWEST 15TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32603

**Title:** S  
**Name:** KIESLICH, KELLY  
**Address:** 117 NORTHWEST 15TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32603

**Title:** KM  
**Name:** AROCHA, ANDRES  
**Address:** 117 NORTHWEST 15TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32603

**Title:** PR  
**Name:** SHARPSHAIR, JORDAN A  
**Address:** 117 NORTHWEST 15TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32603

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN IACONA

P

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date