

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712143

FILED  
Sep 28, 2012  
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 (X)**

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

FRATERNITY MANAGEMENT  
8108 SW 56TH AVE  
GAINESVILLE, FL 32608      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: KRATT, RYAN  
Address: 117 NORTHWEST 15TH STREET  
City-St-Zip: GAINESVILLE, FL 32603

Title: VP  
Name: STUBITS, JOSEPH  
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: PR  
Name: GUZMAN, MARIA  
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: JEAN PAUL BALDWIN

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09/28/2012

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

\_\_\_\_\_  
Date