


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 791134**  
 1. Entity Name  
**FLORIDA COUNCIL OF COOPERATIVES**



Principal Place of Business      Mailing Address  
**330N BREVARD AVE**      **P.O. BOX 5559**  
**ARCADIA, FL 34266 US**      **LAKE WORTH, FL 33467 US**

**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-NP      CRZE037 (11/05)

4. FEI Number <b>59-1775969</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  
**RICE, DON A**  
**P.O. BOX 5559**  
**LAKE WORTH, FL 33467**

**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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**


9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

U00000491037  
 04/19/06-80006-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDGES, DAVID 330 BREVARD AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RICE, DON 1055 HERITAGE FARMS ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Don Rice, Treas.**      **3/29/06**      **561 965 9001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #