

# **2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 791134

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA COUNCIL OF COOPERATIVES

**Current Principal Place of Business:**

330N BREVARD AVE  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

11903 SOUTHERN BLVD  
SUITE 200  
ROYAL PALM BEACH, FL 33422 US

**Current Mailing Address:**

P.O. BOX 213069  
ROYAL PALM BEACH, FL 33421 US

**New Mailing Address:**

**FEI Number:** 59-1775969      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RICE, DON A  
11903 SOUTHERN BLVD  
SUITE 200  
ROYAL PALM BEACH, FL 33411 US

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

RICE, DON A  
11903 SOUTHERN BLVD  
SUITE 200  
ROYAL PALM BEACH, FL 33421 US

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: DON RICE

03/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRIDGES, DAVID  
Address: 330 BREVARD AVE  
City-St-Zip: ARCADIA, FL 34266

Title: TR ( ) Delete  
Name: RICE, DON  
Address: 11903 SOUTHERN BLV., SUITE 200  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

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

Title: PD (X) Change ( ) Addition  
Name: TODD, LAWRENCE  
Address: P.O. BOX 610  
City-St-Zip: LIVE OAK, FL 32064 US

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: DON RICE

TR

03/23/2009

Electronic Signature of Signing Officer or Director

Date