


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90064 006 ****61.25

DOCUMENT # N05000005896

1. Entity Name
FOREST GLENN CO-OP, INC.



Principal Place of Business
**1431 FRIAR TUCK LANE
 SPRING HILL, FL 34807**


Mailing Address
**1431 FRIAR TUCK LANE
 SPRING HILL, FL 34807**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



04182008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2971209

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRUEGER, OLIVER W
 5214 FOREST GLENN DR
 SPRING HILL, FL 34607**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, JERRY 1416 FRIAR TUCK LN SPRING HILL, FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JAN 5173 FOREST GLENN DR. SPRING HILL, FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRUEGER, BILL 5214 FOREST GLENN DR. SPRING HILL, FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLER, WALTER 5087 BUCCANEER BLVD SPRING HILL, FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, MARGE 1416 CROSS BOW LANE SPRING HILL, FL 34807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, WILLIAM 5217 FOREST GLENN DR SPRING HILL, FL 34607	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAMES L. HOCKETT 5207 FOREST GLENN DR SPRING HILL, FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Oliver W. Krueger **OLIVER W. KRUEGER, TREASURER** **4-19-08 352-688-2417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40074109

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ADDENDUM

DOCUMENT # ~~N05000~~005896
FOREST GLENN CO-OP, INC.
1431 FRIAR TUCK LANE
SPRING HILL, FL 34607

ADDITIONAL DIRECTORS FOR ITEM #10

TITLE D
NAME ROBERT FORREY
STREET 5115 FOREST GLENN DR
CITY-ST SPRING HILL, FL 34607

TITLE D
NAME ROBERT ROSE
STREET 5135 FOREST GLENN DR
CITY-ST SPRING HILL, FL 34607

TITLE D
NAME THOMAS BEALER
STREET 5088 BUCCANEER BLVD
CITY ST SPRING HILL, FL 34607