

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002357 (0)

1. Corporation Name
MOLOKAI CO-OP, INC.



Principal Place of Business: **141 MALAYON WAY LEESBURG FL 34788**
Mailing Address: **141 MALAYON WAY LEESBURG FL 34788**

3. Date Incorporated or Qualified: **05/15/1995**
3a. Date of Last Report

2. Principal Place of Business 21 1 Hawaiian Way	2a. Mailing Address 26 1 Hawaiian Way	4. FEI Number 59-3317542	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State Leesburg, Fl.	City & State Leesburg, Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 34788	Country U.S.A.	24	25
Zip 34788	Country U.S.A.	29	30

9. Name and Address of Current Registered Agent COLLING, LEE J FIRST UNION TOWER, SUITE 700 20 NORTH ORANGE AVENUE ORLANDO FL 32801		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)		
83	84 City		
	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANSEN, JOHN C		1.2 NAME	
STREET ADDRESS 141 MALAYON WAY		1.3 STREET ADDRESS	
CITY - ST - ZIP LEESBURG FL 34788		1.4 CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGUIRE, MARIE		2.2 NAME	
STREET ADDRESS 152 MALAYON WAY		2.3 STREET ADDRESS	
CITY - ST - ZIP LEESBURG FL 34788		2.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAW, DOROTHY		3.2 NAME	
STREET ADDRESS 56 KONA CIRCLE		3.3 STREET ADDRESS	
CITY - ST - ZIP LEESBURG FL 34788		3.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARKLESS, DONALD		4.2 NAME	
STREET ADDRESS 142 MALAYON WAY		4.3 STREET ADDRESS	
CITY - ST - ZIP LEESBURG FL 34788		4.4 CITY - ST - ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAULHABER, LOUIS		5.2 NAME	
STREET ADDRESS 73 MAUNA LOA DRIVE		5.3 STREET ADDRESS	
CITY - ST - ZIP LEESBURG FL 34788		5.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUPUIS, GERALD		6.2 NAME	
STREET ADDRESS 191 PARADISE NORTH		6.3 STREET ADDRESS	
CITY - ST - ZIP LEESBURG FL 34788		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C. Hansen **JOHN C. HANSEN, PRES.**
DATE: January 18, 1996
Daytime Phone #: 343-5302

CR2E037 (12/95)

1996

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MOLOKAI CO-OP INC.
1 HAWAIIAN WAY
LEESBURG, FL. 34788

TITLE	VD
NAME	VAUGHN, HAROLD
ADDRESS	79 MAUNA LOA DR.
CITY, ST. ZIP	LEESBURG, FL 34788

NAME	
TITLE	D
NAME	ROBISON, HELEN
ADDRESS	27 HAWAIIAN WAY
CITY, ST. ZIP	LEESBURG, FL. 34788

TITLE	D
NAME	NETTLETON, DEAN
ADDRESS	265 KELOU COURT
CITY, ST. ZIP	LEESBURG, FL. 34788