


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90002 040 \*\*\*\*61.25

<b>DOCUMENT # N95000002357</b>					
1. Entity Name MOLOKAI CO-OP, INC.					
Principal Place of Business 1 HAWAIIAN WAY LEESBURG, FL 34788 US			Mailing Address 1 HAWAIIAN WAY LEESBURG, FL 34788 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3317542	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEWMAN, RICHARD P 1000 WEST MAIN ST. LEESBURG, FL 34748			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	1VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, JOHN			NAME	
STREET ADDRESS	53 KONO CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, MARY L			NAME	
STREET ADDRESS	29 HAWAIIAN WAY			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788			CITY-ST-ZIP	
TITLE	2VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEOPERE, FRANKLIN			NAME	
STREET ADDRESS	19 HAWAIIAN WAY			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVER, MURRAY			NAME	
STREET ADDRESS	59 KONO CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GARY			NAME	T SHAW, MARK
STREET ADDRESS	101 DIAMOND HEAD DR			STREET ADDRESS	56 KONO CIRCLE
CITY-ST-ZIP	LEESBURG, FL 34788			CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETHER, JACQUELIN			NAME	
STREET ADDRESS	74 MAUNA LOA			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788			CITY-ST-ZIP	
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: <u>John Farrell VP</u> Date: <u>3/19/07</u> Daytime Phone #: <u>352-943-5300</u>					