

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002357

FILED  
Feb 14, 2012  
Secretary of State

Entity Name: MOLOKAI CO-OP, INC.

**Current Principal Place of Business:**

1 HAWAIIAN WAY  
LEESBURG, FL 34788 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 HAWAIIAN WAY  
LEESBURG, FL 34788 US

**New Mailing Address:**

FEI Number: 59-3317542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NEWMAN, RICHARD P  
1000 WEST MAIN ST.  
LEESBURG, FL 34748 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: 1VP  
Name: FARRELL, JOHN D 1ST VP  
Address: 53 KONO CIRCLE  
City-St-Zip: LEESBURG, FL 34788

Title: P  
Name: LEAVER, MURRAY A PRES.  
Address: 59 KONO CIRCLE  
City-St-Zip: LEESBURG, FL 34788

Title: 2VP  
Name: SMOTHERS, LAWRENCE 2ND VP  
Address: 143 MALAYON WAY  
City-St-Zip: LEESBURG, FL 34788

Title: T  
Name: DUPUIS, ALICE A TREAS  
Address: 214 PARADISE SOUTH  
City-St-Zip: LEESBURG, FL 34788

Title: SEC  
Name: DENOMME, WILLIE SEC  
Address: 45 HAWAIIAN WAY  
City-St-Zip: LEESBURG, FL 34788

Title: AST  
Name: KAYES, MARJORIE AST S  
Address: 140 MALAYON WAY  
City-St-Zip: LEESBURG, FL 34788

I hereby 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 all other like empowered.

SIGNATURE: JOHN D. FARRELL

1ST

02/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date