

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-28-2008 90005 028 ****61.25

DOCUMENT # 791134

1. Entity Name
FLORIDA COUNCIL OF COOPERATIVES



Principal Place of Business
**330N BREVARD AVE
ARCADIA, FL 34266 US**

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

65004241



DO NOT WRITE IN THIS SPACE

02122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1775969

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when resigning)

3/10/08
DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRIDGES, DAVID
STREET ADDRESS	330 BREVARD AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	TR
NAME	RICE, DON
STREET ADDRESS	11903 SOUTHERN BLV., SUITE 200
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Rice Treasurer

3/10/08

561 965 9007

Daytime Phone #