

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732327

**Entity Name:** THE MICCOSUKEE LAND CO-OP, INC.

**Current Principal Place of Business:**

9623 LAND CO-OP RD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

9623 LAND CO-OP RD  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-1626684

**Certificate of Status Desired:** No

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

MCGRATH, KELLY  
11010 BLACK CREEK LN  
TALLAHASSEE, FL 32309 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOMBARDO, EIRIN K  
Address        3874 IMAGINARY RD  
City-State-Zip: TALLAHASSEE FL 32309

Title            SECRETARY  
Name            KELLEY, ROSE  
Address        3886 LONG AND WINDING RD  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            WOOD, BRITTANY  
Address        3923 LONG AND WINDING RD  
City-State-Zip: TALLAHASSEE FL 32309

Title            VP, DIRECTOR  
Name            BECHTEL, JOSH  
Address        8773 NWK WAY  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            FRESE, TINA  
Address        3860 BEECHNUT GUM TRL  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            HOWARD, FOX  
Address        11010 MCCRACKEN RD  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            MAXWELL, LUCIA  
Address        9704 ABBEY RD  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            NALL, DARYL  
Address        3830 LONG AND WINDING RD  
City-State-Zip: TALLAHASSEE FL 32309

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*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:** EIRIN K LOMBARDO

**PRESIDENT**

**03/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ROSE, ANTHONY  
Address        3874 IMAGINARY RD  
City-State-Zip: TALLAHASSEE FL 32309

Title           DIRECTOR  
Name           ROSENBLOOM, FLORA  
Address        3980 LOBLOLLY LN  
City-State-Zip: TALLAHASSEE FL 32309