

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732327

**FILED**  
**Mar 22, 2018**  
**Secretary of State**  
**CC4424585140**

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

**Current Principal Place of Business:**

9601 MICCOSUKEE RD #23A  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

9601 MICCOSUKEE RD #23A  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-1626684

**Certificate of Status Desired:** No

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

MCGRATH, KELLY  
9601 MICCOSUKEE RD #41  
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, DIRECTOR  
Name            ROSE, KAREN M  
Address        9601 MICCOSUKEE RD #27  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            ST. PIERRE-CHARLES, DENNIS  
Address        9601 MICCOSUKEE RD. #11  
City-State-Zip: TALLAHASSEE FL 32309

Title            SECRETARY, DIRECTOR  
Name            RYCHLIK, SARAH  
Address        9601 MICCOSUKEE RD #68  
City-State-Zip: TALLAHASSEE FL 32309

Title            TREASURER  
Name            TERRELL, ELIZABETH JANE  
Address        9601 MICCOSUKEE RD #58  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            FRESE, TINA  
Address        9601 MICCOSUKEE RD #33  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            DEATON, ED  
Address        9601 MICCOSUKEE RD. #25  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            CARRIERE, GWEN  
Address        9601 MICCOSUKEE RD #37  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR  
Name            LINDSEY, JERRIE  
Address        8765 NWK WAY  
City-State-Zip: TALLAHASSEE FL 32309

*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:** KAREN ROSE

**PRESIDENT**

**03/22/2018**

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

\_\_\_\_\_  
Date