

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 791134

**Entity Name:** FLORIDA COUNCIL OF COOPERATIVES

**Current Principal Place of Business:**

1841 WEST HOWARD STREET  
LIVE OAK, FL 32064

**Current Mailing Address:**

P.O. BOX 610  
LIVE OAK, FL 32064 US

**FEI Number: 59-1775969**

**Certificate of Status Desired: No**

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

LAWRENCE, TODD A  
1841 WEST HOWARD STREET  
LIVE OAK, FL 32064 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 PD  
Name TODD, LAWRENCE  
Address P.O. BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title TR  
Name FAGERQUIST, THOMAS  
Address 11903 SOUTHERN BLV., SUITE 200  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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: TODD LAWRENCE**

**PRESIDENT**

**04/28/2016**

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

\_\_\_\_\_  
Date