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.

PRESIDENT

SIGNATURE: TODD LAWRENCE

Electronic Signature of Signing Officer/Director Detail

**Current Principal Place of Business:** 

1841 WEST HOWARD STREET LIVE OAK, FL 32064

**DOCUMENT# 791134** 

## **Current Mailing Address:**

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

## FEI Number: 59-1775969

## 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

### **Officer/Director Detail :**

Title	PD	Title	TR
Name	TODD, LAWRENCE	Name	FAGERQUIST, THOMAS
Address	P.O. BOX 610	Address	11903 SOUTHERN BLV., SUITE 200
City-State-Zip:	LIVE OAK FL 32064	City-State-Zip:	ROYAL PALM BEACH FL 33411

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Entity Name: FLORIDA COUNCIL OF COOPERATIVES

FILED Apr 26, 2017 Secretary of State CC3493412075

Date

Certificate of Status Desired: No

04/26/2017

Date