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

1841 WEST HOWARD STREET LIVE OAK, FL 32064

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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791134

Entity Name: FLORIDA COUNCIL OF COOPERATIVES

Current Principal Place of Business:

Apr 28, 2016 Secretary of State CC5636205671

Date

FILED

Certificate of Status Desired: No

04/28/2016

Date