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.

TRES

SIGNATURE: TODD LAWRENCE

Electronic Signature of Signing Officer/Director Detail

Entity Name: FLORIDA COUNCIL OF COOPERATIVES

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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	TREASURER	Title	PRESIDENT
Name	LAWRENCE, TODD	Name	HALL, JOHN
Address	P.O. BOX 610	Address	P.O. BOX 610
City-State-Zip:	LIVE OAK FL 32064	City-State-Zip:	LIVE OAK FL 32064

	Only Oldie Zip:	

Certificate of Status Desired: No

06/30/2020

FILED Jun 30, 2020 Secretary of State 1681054560CC

Date

Date