

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008019

FILED
Feb 12, 2015
Secretary of State
CC1669563623

Entity Name: REGIONAL COOPERATIVE ALLIANCE, INC.

Current Principal Place of Business:

4000 GATEWAY CENTRE BLVD
SUITE 100
PINELLAS PARK, FL 33782

Current Mailing Address:

4000 GATEWAY CENTRE BLVD
SUITE 100
PINELLAS PARK, FL 33782 US

FEI Number: 66-0033581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PUMARIEGA, MANNY L. EXEC DIR
4000 GATEWAY CENTRE BLVD
SUITE 100
PINELLAS PARK, FL 33782 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: MANNY PUMARIEGA

02/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name NUNEZ, ANDY
Address 4525 DOLPHIN CAY LANE SOUTH
City-State-Zip: ST. PETERSBURG FL 33711

Title DIRECTOR
Name MINNING, BOB
Address 120-108TH AVE.
City-State-Zip: TREASURE ISLAND FL 33706

Title D
Name BUSTLE, LARRY
Address PO BOX 1000
City-State-Zip: BRADENTON FL 34206

Title D
Name TODD, BARBARA S
Address 8462 35TH AVENUE NORTH
City-State-Zip: SAINT PETERSBURG FL 33710

Title D
Name DODSON, BILL
Address 1708 TURKEY CREEK ROAD
City-State-Zip: PLANT CITY FL 33566

Title CHAIR
Name CRIST, VICTOR
Address P.O. BOX 1110
City-State-Zip: TAMPA FL 33601

Title D
Name LONG, JANET
Address 315 COURT STREET
5TH FLOOR
City-State-Zip: CLEARWATER FL 33756

Title D
Name MATTHEWS, BOB
Address 7331 111TH STREET NORTH
City-State-Zip: SEMINOLE FL 33772

Continues on page 2

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: VICTOR CRIST

CHAIR

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE CHAIR
Name BROWN, WOODY
Address 201 HIGHLAND AVE.
City-State-Zip: LARGO FL 33779

Title SEC'Y/ TREASURER
Name ROFF, PATRICK
Address 101 OLD MAIN STREET
City-State-Zip: BRADENTON FL 34205

Title EXECUTIVE DIRECTOR
Name PUMARIEGA, MANNY
Address 2215 SHADEHILL CT.
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name STARKEY, KATHRYN
Address 8731 CITIZENS DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654