

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008019

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC6839933711**

**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:**

SULLIVAN, SEAN T 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:** SEAN T. SULLIVAN

01/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title CHAIRMAN  
Name ROFF, PATRICK  
Address 101 OLD MAIN STREET  
City-State-Zip: BRADENTON FL 34205

Title DIRECTOR  
Name DISABATINO, ROBIN  
Address PO BOX 1000  
City-State-Zip: BRADENTON FL 34206

Title DIRECTOR  
Name EDWARDS, ROBERT PETE  
Address 510 E HARRISON ST  
APT 305  
City-State-Zip: TAMPA FL 33602

**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:** SEAN T SULLIVAN

EXECUTIVE DIRECTOR

01/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name KITCHEN, RONALD JR  
Address 110 N APOKA AVE  
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR  
Name WELLS, MIKE  
Address 8731 CITIZENS DR  
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR  
Name ALLOCCO, JOHN  
Address 20 NORTH MAIN ST ROOM 263  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name DISABATINO, ROBIN  
Address PO BOX 1000  
City-State-Zip: BRADENTON FL 34206

Title DIRECTOR  
Name ANGELEAH , KINSLER  
Address 18563 KINGBIRD DR  
City-State-Zip: LUTZ FL 33558

Title DIRECTOR  
Name SCHOCK, TIM  
Address 4212 W BEACHWAY DR  
City-State-Zip: TAMPA FL 33609

Title CEO  
Name SULLIVAN, SEAN T  
Address 3165 GRAND AVE  
APT 103  
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR  
Name CRIST , VICTOR  
Address PO BOX 1110  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name HAMILTON, HOYT  
Address PO BOX 4748  
City-State-Zip: CLEARWATER FL 33758