

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008019

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**7816746240CC**

**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:** Yes

**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

04/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title SECRETARY/TREASURER  
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 VICE CHAIR  
Name ROFF, PATRICK  
Address 101 OLD MAIN STREET  
City-State-Zip: BRADENTON FL 34205

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

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

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

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*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:** WREN G. KRAHL

**DEPUTY EXECUTIVE  
DIRECTOR**

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name BAUGH, VANESSA  
Address 1112 MANATEE AVENUE WEST  
SUITE 902  
City-State-Zip: BRADENTON FL 34205

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

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

Title DIRECTOR  
Name SMITH, MARIELLA  
Address P.O. BOX 1110  
City-State-Zip: TAMPA FL 33601

Title DEPUTY EXECUTIVE DIRECTOR  
Name KRAHL, WREN  
Address 4000 GATEWAY CENTRE BLVD. SUITE  
100  
City-State-Zip: PINELLAS PARK FL 33782