

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008019

FILED
Mar 15, 2021
Secretary of State
3656790646CC

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

03/15/2021

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

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 4000 GATEWAY CENTRE BLVD
SUITE 100
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

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

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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 KRAHL

**DEPUTY EXECUTIVE
DIRECTOR**

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name COHEN, HARRY
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

Title DIRECTOR
Name RODRIGUEZ , TONY
Address 4000 GATEWAY CENTRE BLVD
SUITE 100
City-State-Zip: PINELLAS PARK FL 33782

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 CHEATHAM-PETTIT, KRISTI
Address 777 MAPLE STREET
City-State-Zip: CLEARWATER FL