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

**FILED**
**Feb 14, 2019**
**Secretary of State**
**6457684230CC**

DOCUMENT# N05000000284

**Entity Name:** BATON ROUGE CO-OP, INC.

**Current Principal Place of Business:**

50 BEAL PARKWAY
UNIT 9
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

50 BEAL PARKWAY
UNIT 9
FORT WALTON BEACH, FL 32548

**FEI Number: 06-1739380**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEAVERS, JIMMIE
50 BEAL PARKWAY
UNIT 9
FORT WALTON BEACH, FL 32548 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 — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PD | Title | D |
| Name | THOMPSON, GREGORY | Name | BEAVERS, JIMMIE |
| Address | 50 BEAL PARKWAY, UNIT 9 | Address | 50 BEAL PARKWAY, UNIT 9 |
| City-State-Zip: | FORT WALTON BEACH FL 32548 | City-State-Zip: | FORT WALTON BEACH FL 32548 |

| | |
|---|---|
| Title | STD |
| Name | RODABAUGH, TREVOR |
| Address | 50 BEAL PARKWAY, UNIT 9 |
| City-State-Zip: | FORT WALTON BEACH FL 32548 |

*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: GREGORY THOMPSON PRESIDENT 02/14/2019

Electronic Signature of Signing Officer/Director Detail — Date