

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2024

Secretary of State

9762189244CC

DOCUMENT# N95000002357

Entity Name: MOLOKAI CO-OP, INC.

Current Principal Place of Business:

1 HAWAIIAN WAY
LEESBURG, FL 34788

Current Mailing Address:

1 HAWAIIAN WAY
LEESBURG, FL 34788 US

FEI Number: 59-3317542

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORDON, SCOTT E ESQ.
2 N. TAMiami TRAIL, SUITE 500
SARASOTA, FL 34236 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 DIRECTOR
Name BECK, TIM
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title SECRETARY
Name ANDERSEN, CATHY
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name CROWLEY, PEGGY
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title TREASURER, DIRECTOR
Name BROWN, MICKEY
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name REED, DEBBIE
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title VP
Name COSELMAN, DENNIS
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title ASST. TREASURER
Name DONNER, DENNIS
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name WANAMAKER, KENNY
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

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: DAVID SHIRK

PRESIDENT

02/16/2024

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title PRESIDENT
Name SHIRK, DAVID
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title MANAGER
Name ALLEN, MICHAEL
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788