

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

DOCUMENT# N95000002357

Entity Name: MOLOKAI CO-OP, INC.

Current Principal Place of Business:

1 HAWAIIAN WAY  
LEESBURG, FL 34788

**FILED**  
**Feb 27, 2019**  
**Secretary of State**  
**0375650980CC**

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:

NEWMAN, RICHARD P  
1000 WEST MAIN ST.  
LEESBURG, FL 34748 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            PRESIDENT, DIRECTOR  
Name            LEAVER, MURRAY  
Address        59 KONO CIRCLE  
City-State-Zip: LEESBURG FL 34788

Title            DIRECTOR  
Name            DENOMME, WILL  
Address        45 HAWAIIAN WAY  
City-State-Zip: LEESBURG FL 34788

Title            TREASURER, DIRECTOR  
Name            ESKELIN, ALLAN  
Address        137 MALAYON WAY  
City-State-Zip: LEESBURG FL 34788

Title            SECRETARY, DIRECTOR  
Name            GRIFFITH, LINDA  
Address        152 MALAYON WAY  
City-State-Zip: LEESBURG FL 34788

Title            DIRECTOR  
Name            BECK, TIMOTHY  
Address        79 MAUNA LOA DRIVE  
City-State-Zip: LEESBURG FL 34788

Title            1ST VICE PRESIDENT, DIRECTOR  
Name            JOVENALL, JAMES  
Address        133 MALAYON WAY  
City-State-Zip: LEESBURG FL 34788

Title            DIRECTOR, ASSISTANT TREASURER  
Name            NUTT, JENNIFER  
Address        62 KONO CIRCLE  
City-State-Zip: LEESBURG FL 34788

Title            2ND VICE PRESIDENT, DIRECTOR  
Name            ROZEMA, DRENDA  
Address        194 PARADISE NORTH  
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: MURRAY LEAVER

PRESIDENT

02/27/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MELLOTT, BETH  
Address        213 PARADISE SOUTH  
City-State-Zip: LEESBURG FL 34788