

**2016 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 19, 2016**  
**Secretary of State**  
**CC0591274296**

**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  
Name           LEAVER, MURRAY  
Address        59 KONO CIRCLE  
City-State-Zip: LEESBURG FL 34788

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

Title           2ND VICE PRESIDENT, DIRECTOR  
Name           BADESKA, PETER  
Address        151 PARADISE NORTH  
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           ASSISTANT TREASURER, DIRECTOR  
Name           DEVLIN, EDWARD  
Address        180 PARADISE NORTH  
City-State-Zip: LEESBURG FL 34788

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

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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: MURRAY LEAVER**

**PRESIDENT**

**02/19/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            STILLINGS, LEONARD  
Address        195 PARADISE NORTH  
City-State-Zip: LEESBURG FL 34788