

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 09, 2017**

**Secretary of State  
CC5653073468**

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:**

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 2ND VICE 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 ASSISTANT TREASURER, DIRECTOR  
Name DEVLIN, EDWARD  
Address 180 PARADISE NORTH  
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 PRESIDENT, DIRECTOR  
Name BROWN, MICKEY  
Address 1 HAWAIIAN 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: MICKEY BROWN**

**PRESIDENT**

**02/09/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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