

2020 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 26, 2020
Secretary of State
2001165172CC

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 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 BASDEKA, PETER
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name ROZEMA, DRENDA
Address 194 PARADISE NORTH
City-State-Zip: LEESBURG FL 34788

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

Title PRESIDENT, DIRECTOR
Name NOEL, OSCAR
Address 1 HAWAIIAN WAY
City-State-Zip: LEESBURG FL 34788

Title VP, DIRECTOR
Name FOGG, ROBERT
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: OSCAR NOEL

PRESIDENT

02/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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